# REPORT RESUMES

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ASSOCIATE DEGREE NURSING PROGRAM WORKSHOP (UNIVERSITY OF COLORADO SCHOOL OF NURSING, DENVER, JULY 24-28, 1967). FINAL REPORT.

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EIGHTY-SIX NURSES FROM 25 STATES AND CANADA ATTENDED A WORKSHOP TO REVIEW THE PHILOSOPHY AND PURPOSE OF THE CURRICULUM IN ASSOCIATE DEGREE NURSING PROGRAMS, IDENTIFY OBJECTIVES AS WELL AS CONTENT AND LEARNING EXPERIENCES TO MEET THE OBJECTIVES, AND CONSIDER MEANS OF EVALUATION. PRESENTATIONS WERE--"THE ASSOCIATE DEGREE NURSING CURRICULUM--ITS PHILOSOPHY AND PURPOSE" BY M. MONTAG, (2) "DEVELOPMENT OF OBJECTIVES" BY M. MONTAG, (3) "THE TEACHING-LEARNING PROCESS" BY R. SWENSON, (4) "SELECTION OF LEARNING EXPERIENCES" BY E. CARLSON, (5) "USE OF THE LABORATORY" BY E. CARLSON, AND (6) "EVALUATION" BY A. RINES. SUMMARIES OF GROUP WORK IN DEVELOPING OBJECTIVES, SELECTING CONTENT AND LEARNING EXPERIENCE, AND PLANNING FOR EVALUATION IN THE AREAS OF FUNDAMENTALS OF NURSING, PHYSICAL AND MENTAL ILLNESS, AND MATERNAL AND CHILD HEALTH ARE PRESENTED. A WORKSHOP EVALUATION OPINIONNAIRE, RESPONSES TO IT, AND SIX BIBLIOGRAPHIES ON DIFFERENT ASPECTS OF NURSING ARE INCLUDED. THIS DOCUMENT IS AVAILABLE FOR $2.00 FROM UNIVERSITY OF COLORADO SCHOOL OF NURSING, CONTINUATION EDUCATION SERVICES (32418), 4200 EAST NINTH AVENUE, DENVER, COLORADO 80220. (JK)

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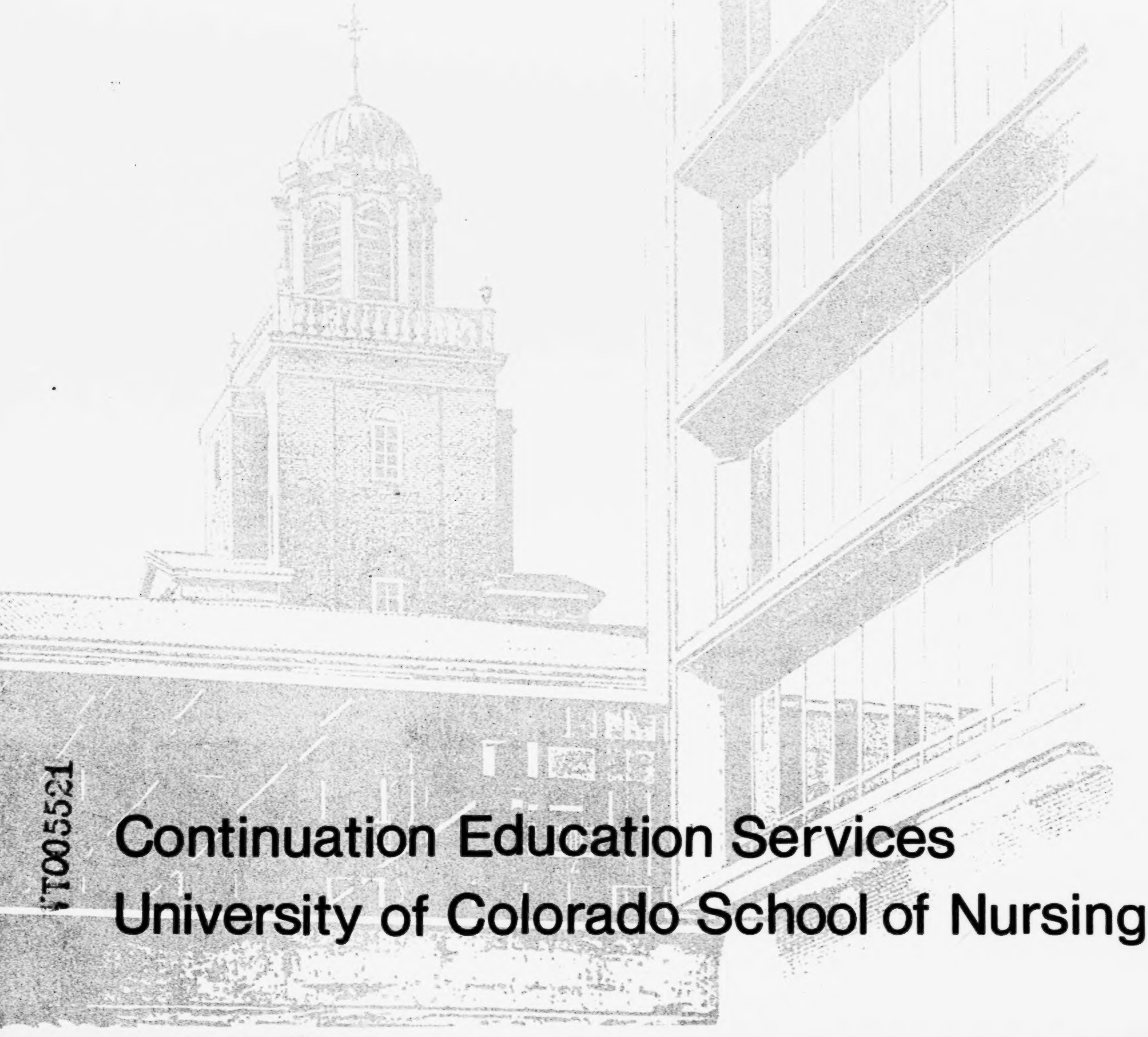
# ASSOCIATE DEGREE NURSING PROGRAM

## FINAL REPORT - 1967



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Continuation Education Services
University of Colorado School of Nursing

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# FINAL REPORT

# ASSOCIATE DEGREE NURSING PROGRAM WORKSHOP

July 24 - 28, 1967

UNIVERSITY OF COLORADO SCHOOL OF NURSING

Continuation Education Services

Funded by

Division of Nursing
Department of Health, Education, and Welfare
Public Health Service
Bureau of Health Manpower

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# FINAL REPORT
# ASSOCIATE DEGREE NURSING PROGRAM WORKSHOP
July 24-28, 1967

University of Colorado School of Nursing
4200 East Ninth Avenue, Denver, Colorado

At the conclusion of the Associate Degree workshop at the University of Colorado in July, 1966, the participants of that workshop, who were directors of associate degree programs, prospective directors of associate degree programs, community college presidents and deans, requested a workshop for instructors of associate degree nursing courses to be held in the summer of 1967. In response to this request a grant proposal was sent to the Division of Nursing of Health, Education and Welfare to secure funds to conduct such a workshop. The grant was awarded to the Continuation Education Services of the University of Colorado School of Nursing. Publicity was sent to the states surrounding Colorado. The response to this publicity was overwhelming. Some 150 applications were received. Because we were limited to forty traineeships, we set-up the criteria that these forty nurses must be already teaching in an associate degree program in September, 1967. The other nurses were accpeted as non-trainees. Many of these were unable to pay their own tuition or get their employing institution to pay the tuition. We now have a waiting list of approximately sixty nurses who would like to attend a similar workshop in July, 1968. State Board of Nursing Directors and State Consultants were also included as non-trainees in the 1967 workshop.

## Participants

Eighty-six nurses attended the workshop. Of this group, 36 were instructors, 34 were directors or assistant directors, 14 were nursing consultants or directors of State Boards of Nursing, and 2 were head nurses in hospitals which were used for the clinical experience of the associate degree in nursing students.

There were 25 states and Canada represented at the workshop. There were 21 participants from Colorado, 4 from Arizona, 5 from Arkansas, 3 from California, 2 from Illinois, 3 from Iowa, 5 from Kansas, 2 from Nebraska, 7 from Missouri, 1 from New Mexico, 1 from Nevada, 2 from Ohio, 3 from Oklahoma, 3 from Oregon, 2 from Georgia, 3 from Texas, 3 from Washington, 4 from Wisconsin, 1 from Montana, 1 from Tennessee, 2 from Mississippi, 1 from Idaho, 2 from Canada, 1 from Maryland, 1 from Kentucky, and 3 from Wyoming.

## Objectives

...To review the basic philosophy and purpose of the curriculum in Associate Degree nursing programs

...To identify the objectives of the courses included in the curriculum

...To identify the content which will meet the objectives

...To identify the learning experiences which will meet the objectives

...To consider how evaluation may be done.

## Course Content

On Monday, July 24, 1967, the workshop was opened with an orientation to the University and the participants' role in the conference and in the small groups. Dean Kathryn M. Smith presented the Colorado organizational structure and plans for "State-wide Planning for Nursing Education."

Miss Mildred Montag presented an overview of the curriculum of an Associate Degree program and the Development of Objectives. The afternoon was spent in small groups working on the development of objectives.

The participant groups consisted of five groups.

Group I - Fundamentals -- Led by Alice Rines

Recorders: Irene Bainton
Sally Mossoni
Mary Kaczka
Barbara Pilato

Group II - Physical and Mental -- Led by Ruth Swenson

Recorders: Esther Dion
Lois Halin
Mary O'Steen

Group III - Maternal-Child -- Led by Eleanor Carlson

Recorders: Marie Hansen
Jean Bulger
Patricia Kokena

State Board officials were allowed to float from one of the three groups each small group session as shown on the sheet in the appendix, page 58.

On Thursday afternoon, Miss Montag had a special session for Program Directors and State Board officials and consultants.

On Tuesday morning the groups continued to work on objectives. A general session on the teaching-learning process and selection of content was presented.

Wednesday morning each small group dealt with the selection of content for their specific area. In the afternoon, a theory session on selection of learning experiences and the use of the laboratory was presented.

All day Thursday was devoted to small group work on overall objectives, unit objectives and selection of content and learning experiences for the three specific areas.

On Friday morning each group presented to the entire group a summary of what they had accomplished in their small groups. The summaries appear on pages 44 through 57 of this report.

Resource Persons

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Ogden, Utah

Eleanor Carlson
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Morton Junior College
Cicero, Illinois

Alice Rines
Assistant Professor, Nursing Education
Teacher's College
Columbia University
New York, New York

# EVALUATIONS

UNIVERSITY OF COLORADO SCHOOL OF NURSING

Associate Degree Nursing Program

July 24 - 28, 1967

I. Specific content area most useful

| | | |
|---|---|---|
| 1. | Conference with Miss Montag on Thursday afternoon | 9 |
| 2. | Discussion with other coordinators | 5 |
| 3. | All content was useful | 11 |
| 4. | Prepared lectures | 5 |
| 5. | Evaluations | 15 |
| 6. | Fundamentals of Nursing | 3 |
| 7. | Planning daily objectives and related learning experiences | 11 |
| 8. | Introduction to Mager and Taxonomy | 1 |
| 9. | Learning to state and write objectives in such a way as to be able to use them for evaluation | 11 |
| 10. | "Sitting in" on each of the group discussions was very helpful in gaining an overall view of the entire curriculum | 3 |
| 11. | Physical and Mental Illness | 11 |
| 12. | Discussion of learning experiences | 5 |
| 13. | Selection of objectives and the teaching-learning process | 5 |
| 14. | Miss Montag is tremendous, she reinforced many ideas I have been playing with | 6 |
| 15. | Attendance at telelecture | 2 |
| 16. | Maternal and child health group | 3 |
| 17. | Clarification of functions of A.D. graduate | 5 |
| 18. | Group sessions | 3 |
| 19. | Just what I needed | 5 |

II. Content least useful

| | | |
|---|---|---|
| 1. | All content was useful | 12 |
| 2. | Some of the group sessions didn't meet my needs | 5 |
| 3. | Defining of objectives | 3 |
| 4. | Telecast | 1 |
| 5. | Evaluation | 2 |
| 6. | Selection of learning experiences | 8 |
| 7. | Selection of content | 2 |
| 8. | Philosophy of school | 1 |
| 9. | Maternal child health | 3 |

III. Plan to make use of the information and experience

| | | |
|---|---|---|
| 1. | Write more explicit and specific course and unit objectives | 10 |
| 2. | Implement teaching methods and techniques discussed | 7 |
| 3. | Prepare better evaluation forms | 5 |
| 4. | Experiment with the curriculum carefully and slowly | 7 |
| 5. | Interpret material to my colleagues | 18 |
| 6. | Improve curriculum | 12 |
| 7. | Planning objectives and content for the course I teach | 17 |
| 8. | In-service for faculty | 11 |
| 9. | Organizing content and learning experiences | 9 |
| 10. | Revision of meetings | 4 |
| 11. | Informing community | 17 |
| 12. | In planning basic content of a new A.D. program | 20 |
| 13. | Plan to revise my whole curriculum | 5 |
| 14. | Evaluation of A.D. programs in my state | 2 |

Associate Degree Nursing
Program - July 24-28, 1967

## IV. Comments and Suggestions

| | | |
|---|---|---|
| 1. | I feel this has been a most worthwhile experience | 12 |
| 2. | Well organized workshop | 11 |
| 3. | I liked the structure of going from general to specific and then tying all together | 5 |
| 4. | Difficult to see speakers - raised platform would have helped | 4 |
| 5. | Discussion groups too large | 7 |
| 6. | Very good conference | 3 |
| 7. | Reports on Friday were especially helpful | 4 |
| 8. | Resource persons were outstanding | 10 |
| 9. | Excellent conference | 5 |
| 10. | Well planned and covered fully the points I was interested in | 6 |
| 11. | Separate those with some understandings on some background from those who have had no contacts with the A.D. program | 3 |
| 12. | Would have liked more time with Miss Montag | 5 |
| 13. | Shorter days | 1 |
| 14. | I hope you have another next year | 13 |
| 15. | Enjoyed informality and free exchange of ideas | 6 |
| 16. | Many practical, workable suggestions | 1 |
| 17. | Session where participants could discuss a problem in their own program | 3 |
| 18. | Some left feeling defeated and discouraged | 2 |
| 19. | Bibliography sent out before conference | 5 |
| 20. | I would like a workshop devoted to observational evaluation | 1 |
| 21. | Prefer that group leaders be directive | 4 |
| 22. | Stretch break every 30 to 45 minutes | 3 |
| 23. | Start earlier in A.M. | 2 |
| 24. | Would have liked something on pre and post conferences in clinical experience | 2 |
| 25. | Would have appreciated a planned trip for all participants | 5 |
| 26. | I think the objectives of the workshop have been achieved | 3 |

## UNIVERSITY OF COLORADO SCHOOL OF NURSING
Denver Medical Center Campus

## KROPP-VERNER WORKSHOP OPINIONNAIRE REPORT

Title of Workshop: Teaching in the Associate Degree Nursing Program

Dates Held: July 24-28, 1967

Place Held: University of Colorado Medical Center

Conference Leader: Elda S. Popiel

Sponsored by: Nursing Division, Department of Health, Education and Welfare.

Workshop Score*: 3.229

Highest Individual Average Score: 6.655

Lowest Individual Average Score: 2.226

Range of Checks: 1 - 7

Number of Papers: 72

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*The scores for workshops and for individuals may range from 1.13 to 10.89, or approximately 1 to 11, a range of ten points. Low scores indicate more satisfaction with the workshop on the part of the participants.

# CONFERENCE LECTURES

Workshop
"Associate Degree Nursing Program"
July 24-28, 1967

# THE ASSOCIATE DEGREE NURSING CURRICULUM ITS PHILOSOPHY AND PURPOSE

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University of Colorado School of Nursing
Continuation Education Services

# The Associate Degree Nursing Curriculum

## Its Philosophy and Purpose

Mildred L. Montag

You may wonder why we again begin this discussion of curriculum in associate degree programs with the basic philosophy and purpose. It may seem to you that this is mere repetition and not at all challenging or new. I do, however, think it desirable to review frequently what it is we are trying to do and why. The associate degree nursing program began in an experimental way. It began through research - the Cooperative Research Program in Junior and Community College Education for Nursing - and the purpose of this research was for

> the development and testing of a new type of program preparing young men and women for those functions commonly associated with the registered nurse. The term bedside nurse has also been used to describe the kind of nurse that would be prepared by this new program. This term is intended to imply certain limitations of activity that differentiate the role of this nurse from that of the nurse with broader professional preparation. It was felt that there is a function to be performed by many registered nurses (not practical nurses or aides) in giving direct care to patients, where these nurses have access to the supervision of other nurses more broadly prepared.[1]

There are these certain basic beliefs on which the associate degree nursing program rests. Let us first look at these:

1. We believe that the occupation of nursing includes a range of functions, some of which are complex, requiring a strong theoretical base and hence a long period of preparation and others simpler but still requiring considerable preparation. Since the latter, the simpler, are more circumscribed the theoretical base is corresponding less broad than that required for the complex functions.

   The complex functions are obviously the professional ones and they require judgments of precision, judgments which can be made only by the use of a wide variety and depth of knowledge.

   The simpler functions are the semiprofessional or technical. They too require the making of judgments but the theoretical base required is more narrow. The preparation is therefore also shorter.

   It should be noted where one thinks of a range of functions there is a point at which the lower part of our range approximates the upper part of the other range.

   Harris states there are times when the semiprofessional worker is expected to perform at near professional level and to act like a professional person.[2]

The need to differentiate nursing functions is imperative. The dilemma in which nursing finds itself is accentuated, if not caused, by our failure to differentiate the functions of the various workers in nursing.

2. The second belief then is that if the functions of nursing can be differentiated, programs preparing the workers must be differentiated. The position taken here is that there are two levels of functions and there should be two different programs. The associate degree program is the one of concern here.

3. A third belief is that if there are different kinds of workers in nursing there must be a way, deliberately planned, for them to work together. The nursing team seems to be the logical way for each to contribute most to the care of patients and at the same time derive most satisfaction from the giving of this care. It seems obvious that the professional nurse is the team leader and the semiprofessional or technical nurse the team member.

   If you are saying this isn't the way things are and this is simply an idealistic (maybe even foolish) statement, I would reply that this does not negate the absolute necessity to look critically at the way nurses are used and misused.

The associate degree nursing program must, if it is not to be just another program, keep clear its purpose and its methods consistent with its purpose. The graduates then would reflect the nature of the preparation they have received.

Let us next look at the function of the semiprofessional or technical worker in nursing. It is well to have these clearly in mind if we are to design and carry out a curriculum plan to prepare for these functions. The functions which follow are not new statements but rather are drawn from the literature and made fairly explicit so that there can be no misunderstanding.

## SEMIPROFESSIONAL - TECHNICAL FUNCTIONS OF NURSING

### Functions Identified from the Literature

Listed below are the functions, according to the literature, which the graduates of associate degree nursing programs are prepared to perform. (This listing was prepared by Betty Forest, doctoral student, as basis for questionnaire which is part of her project.)

A. ASSIST IN THE PLANNING OF NURSING CARE

1. Plan Nursing Activities for Individual Patients Assigned to Them.
   Example: Organize assigned tasks, consider special needs of patient; use suggestions from other personnel; discuss plan with nurse in charge.

2. Assist Patients to participate in Their Own Care.
   Example: Show patient method performing simple hygienic procedure (e.g., brush teeth); tell patient how to apply dressing, soaks, etc.; tell patient method of taking prescribed medication (e.g., with straw, milk, etc.)

## B. GIVE GENERAL NURSING CARE

1. Give Hygienic Care to Patients.
   Example: Bathe; care for skin; give mouth care.

2. Make Patients Comfortable.
   Example: Turn, position, assist in getting up; talk with and listen to patients; arrange for or provide diversional activities; adjust room lighting or ventilation.

3. Assist Patients in Maintaining Normal Body Functions.
   Example: Feed or assist with eating; assist with elimination--provide bedpan, take to bathroom.

4. Observe Signs, Symptoms, and Changes in Condition.
   Example: Take vital signs; observe physical condition and behavior; measure intake and output.

5. Perform Procedures in Meeting Patients' Needs for Therapy.
   Example: Give medications; perform irrigations; apply dressings; operate suction and oxygen equipment.

6. Perfrom Procedures in Meeting Patients' Needs for Diagnosis.
   Example: Collect specimens of excretions; position patients for tests and examinations.

7. Report Signs, Symptoms, and Changes in Condition.
   Example: Record vital signs and observations of physical condition and behavior on patient's record; report unusual or sudden change in condition to nurse in charge or to physician.

## C. ASSIST IN THE EVALUATION OF THE NURSING CARE GIVEN

Report Observations of Patient's Response to Therapy and to Nursing Activities to Nurse in Charge.
Example: Report observations of patient's response to nursing procedures; information obtained from, and questions of patient and family; report patient's behavior; make suggestion for change in nursing approach to particular patient.

These functions are those of the worker and must be provided for in the curriculum. But the curriculum must do more, for the worker is also a person and a citizen. It is for the latter two aspects that the general or liberal arts courses are given.

Most of the curricula devote about half of the credits to general or liberal arts and supporting courses and half to the specialized or nursing courses. Since the minimum number of credits required for the associate degree is 60, this means that no less than 30 should be in courses other than nursing. Some curricula include from 64-72 credits - but here I must add a caution. It would seem obvious that to have 72 credits as required credits is edging rather close to a 2½ - 3 year program which seems unjustified. One explanation is that some programs include at least one summer session.

It would seem more logical and desirable to lighten the credit requirement each semester if a summer is used in order to keep the total somewhat nearer to the two year total.

The general courses should be those which meet the college requirement for an associate degree and taken with other students in the college. This means that the courses, either by number or name will not be exactly the same in each program. They will include courses in the following areas - communication skills, humanities, social science and physical and biological science. Some opportunity for electives is also desirable.

Both kinds of courses will be found in each semester of each year. The first year there will be more credits alloted to general courses than to the nursing course with the reverse allocation in the second year.

The comments about curriculum then which follow are directed at the nursing major. Let us again go to some of the basic beliefs which were enumerated when the program first began.

1. The nursing courses would begin with the normal--or as nearly normal as possible--on the assumption that the abnormal cannot be fully understood until knowledge of the normal provides the proper prospective.

2. The courses would begin with the simple and move toward the complex--both as to sequence of courses--and material within the courses.

3. There are certain fundamental needs of man which are more or less altered by the fact that illness of some type has occurred. These fundamental needs, e.g., food, rest, elimination, cleanliness--are those which must be met by the nurse and the patient. These needs persist at all ages, in all diagnoses, in both sexes, in all degrees of illness and regardless of where the patient is. The course in fundamentals of nursing is thus basic to all other courses and all other courses extend from it and beyond it. While it is possible to extend the fundamentals course over both semesters of the first year, it is certainly illogical to have a fundamental of nursing course in all four semesters. Let us not confuse fundamentals of nursing with the skills (and then procedures) associated with the specific medical or surgical treatment of a patient.

4. The grouping together of like materials, of like content, was suggested in order to avoid repetition and duplication and to expedite learning. It was believed that when like materials are put together they may be learned and more easily. The avoidance of repetition means the avoidance of needless repetition, that which makes for deterred learning of it does not prevent it altogether. Some materials, some skills, must be repeated to be mastered. (I use the term mastered advisedly for I firmly believe some skills and some materials should be mastered in this and in all curricula. The emphasis on preparing a beginner

> and not an expert has led some to be content with a smattering of knowledge and with skills inadequately performed. A student has a right to expect to learn to know and to do and the employer has a right to a nurse who has skills, knowledge, and the ability to learn more.) Thus the course in nursing in physical-mental illness evolved dealing with the problems which bring patients to hospitals and hence to the ministrations of the nurse.

If one follows these general beliefs, what would the nursing courses be? It would seem that the divide desired content would be divided among three areas:

Fundamentals of Nursing
Nursing of Mothers, Infants, Children
Nursing of the Physically and Mentally Ill

It would also seem that they would be offered in that order with the first year devoted largely, if not exclusively to the basic nursing needs of all and the normal maternity cycle and well children. The second year would be devoted to deviations from normal, the ill of all ages. A possible alternative would be to devote the first year to fundamentals of nursing and the second year to the maternity cycle, well children and the ill person.

It is the faculty of each program which makes the final determination of what courses will be given and what sequence is followed. Such decisions are based first on the philosophy of the program which in turn is in keeping with that of the institution of which it is a part, then on the overall objectives of the curriculum. Each course in turn has its own objectives, content and learning experiences. Together they combine to produce the nursing technician.

These were the basic ideas set forth as guides as the associate degree programs were projected - and developed. They seem as sound to me today as they were 15 years ago when the first one began. Is there any evidence that these ideas should be replaced? If so, with what? One of the purposes for our deliberations here is to look critically at what these courses are designed to do and how may they be taught more effectively.

These programs have now been in operation for about 15 years and we have been able to look at them critically. Obviously there are problems, there probably always will be.

A few observations as to what I believe are some problems today as we look at associate degree curricula.

1. Too little attention is being given to the development of skills. By this I do not mean the curriculum or even one course should be --or needs to be--procedure centered. But I do believe that more efficient use could be made of the college laboratory and of the hospital or other agency when used for learning experience.

2. Unclear, obscure, unrealistic (and possibly undesirable) objectives. In this instance the nature of the semiprofessional or technical worker should be kept in mind.

3. Content - subject matter is too superficially given and hence the learning is superficial and inadequate. In some instances the subject matter is only vaguely associated with the laboratory. In others only a smattering of content is considered. In some instances, too much is given, approaching that of the baccalaureate program.

4. There is a tendency--and it is a common one in all curricula --to want to solve the problems by increasing the length of the course--and sometimes even the whole program. The easiest thing in the world to do is to lengthen a curriculum. It is far more difficult to improve it.

5. Too little attention of any kind is given to evaluation and this in turn reflects on the curriculum.

6. Teaching is often neither effective nor efficient. Good teaching takes much time--in the planning and in the doing.

Knowing what the problems are, at least some of them, we can try to solve them. It is toward the end of a good curriculum, well developed and well executed, that the activities of this workshop have been planned.

Workshop
"Associate Degree Nursing Program"
July 24-28, 1967

# DEVELOPMENT OF OBJECTIVES

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# ASSOCIATE DEGREE NURSING PROGRAM

## DEVELOPMENT OF OBJECTIVES

Mildred L. Montag

Any curriculum development is dependent upon the determination of the purpose for which the curriculum is planned and the goals it wishes to achieve. Another way of saying this is that the educational objectives or goals determine the ways in which we wish the behavior of the student to change. It is obvious that an educational program with all the experiences it offers aims at changing the behavior of students in a specific way and that the student expects his behavior to be changed in a certain way, thus taking on the characteristics of the person he has chosen to be. Education, then, aims at changing behavior and is successful to the degree that the students behavior changes and remains changed. Thus, we can see the importance of determining exactly what the objectives are which we seek and stating them in a manner which permits their influencing all else we do in the educational program. The objectives we state are not only guides shaping the nature of the curriculum and the means by which it is implemented; they are also the criteria against which we measure our success or failure in achieving our goals. The importance of the objectives and the role they play should convince us that they require careful thought and deliveration and that time spent in their development is justifiable.

To restate the definition of objectives -- objectives are guides or directions which keep us on the path to our goal. Without them we would wander aimlessly. This might be illustrated by a bit from Alice in Wonderland - one of the characters was asked where he was going. His reply was he didn't know but if he just kept going he'd get there. All too frequently, as we plan courses in nursing, select the content and have the students do something, we assume we will arrive at where we want to go; especially if we spend enough time doing it. The reliance on time spent rather than on what we wish to achieve has been a characteristic of much of nursing education.

Some of our objectives are long range. They may be accomplished only over a period of years and by the combination of many experiences. These are the objectives which are for the entire curriculum and may not be measured as to their successful achievement until the end of the program, perhaps even after the student has left the school. The fact that they are long term in their accomplishment does not mean they are vague or ambiguous in their statement or in their meaning. They are still precise and leave no doubt as to their interpretation. Krathwohl, et al, in Handbook II of the Taxonomy of Educational Objectives illustrates this when they say:

> "More than two decades of work on cognitive objectives have produced specific and meaningful results. Few serious workers now use such terms as 'critical thinking', 'problem solving', or 'higher mental processes' as statements of objectives. These terms may be used to describe large goals and aims of education. . . "

Such objectives as are concerned with critical thinking, for example, are achieved not by one course or by a simple set of experiences, but rather by continued use of the processes of critical thinking. Care must be taken, then, in stating the objectives which direct and control the curriculum as a whole.

Other objectives are short term. They may be those which can be achieved within a course, those identified for a unit within a course, or by a single experience. These, then, are very specific and they become the more specific as time within which they are expected to be accomplished lessens. For example, to be able to read a thermometer is a specific objective; one which can be accomplished in a relatively short time, whereas, to identify the disease conditions in which a temperature may be elevated would take considerably more experience and hence, more time. Both, however, are specific and give direction as to how they may be achieved and measured. Mager states:

> "The teacher who doesn't clearly specify his instructional objectives, who doesn't describe to the best of his ability how he intends the learner to be different after his instruction, is certainly taking unfair advantage of his students."[2]

What are some of the characteristics of objectives?

1. They are stated in behavioral terms for it is behavior we hope to alter.
2. They are stated in terms of the student for it is his behavior with which we are concerned.
3. They are realistic.
4. They are obtainable.
5. They are socially acceptable and desirable.
6. They are without value terms for these are not possible of clear and specific definition. e.g. What is a "good" performance?
7. They begin with active verbs.
8. They are the conscious, deliberate choice of the faculty.

Objectives may be classified generally into three catergories or domains:

1. Cognitive - knowledge
   This kind of objective is concerned with remembering, the more complex processes of relating and judging. In every course this is an important element.

   Surely all nursing courses would involve a large proportion of objectives in the cognitive domain. Bloom, et al, have further catergorized objectives in this domain, the taxonomy or classification running from the simple matter of recall to the highly complex and abstract--that of evaluation.[3] As we identify objectives in this domain, we need to make sure that we have objectives that do more than indicate recall of facts. All too often we are content with facts and their recognition or recall and our tests give evidence of this. Whether or not in associate degree programs we should be concerned with the entire taxonomy or whether the categories of knowledge, comprehension and application are more appropriate for this kind of program. It is a question to which we should give some attention.

2. Affective -
   This area of objectives is concerned with what we usually call appreciation, desirable attitudes and values. We recognize quickly the desirability of developing these in students, but we recognize almost as quickly, the difficulty in stating them, in planning experiences to meet them, and in evaluating them. Yet all too often, students are said to not exhibit the "right" attitudes or to have the "right" sense of values. It behooves us, then, to attempt to state as well as we can objectives in this, the affective domain. Krathwohl, et al, state the problem this way:

   > "If affective objectives and goals are to be realized, they must be defined clearly; learning experiences to help the student develop in the desired direction must be provided; and there must be some systematic method for appraising the extent to which students grow in the desired way."[4]

This domain, like the cognitive, has a structure though less obvious perhaps than that of the cognitive domain. This structure can best be described by quoting what is said in the taxonomy:

> "Thus, the continium progressed from a level at which the individual is merely aware of a phenomenon, being able to perceive it. At a next level he is willing to attend to phenomena. At the next level he responds to phenomena with a postive feeling. Eventually, he may feel strongly enough to go out of his way to respond. At some point in the process he conceptualizes his behavior and feelings and organizes these conceptualizations into a structure. This structure grows in complexity as it becomes his life outlook."

While not quite the same as going from the simple to the complex in the cognitive domain, the similarities seem obvious. It is also obvious that some of the same affective objectives must be included in several courses. They are not necessarily attained within one course or even completely within the curriculum.

3. Motor Skills - Manipulative
   In this area we have no guides, no taxonomy to direct us. However, in nursing and perhaps particularly in the technical area the development of motor skills looms large. We need to identify objectives in the same manner for the motor skills as in the cognitive domain. We need to identify which skills need to be developed and to what degree. It would not seem too difficult to visualize a taxonomy going from simple to highly complex manipulative skills and to arrange for the student to have experiences which would permit his attainment of these skills. It is my impression that the nursing technician should possess, at least some of these skills, to a very high degree.

Our task then in this workshop is to develop objectives in all three domains for the three areas of the curriculum for the associate degree - fundamentals of nursing, nursing of mothers and children and nursing in physical and mental illness. It is our hope that in the group sessions a substantial portion, if not a complete set, of objectives for the several courses may be developed. Then, on the basis of these, we can move to the selection of content and learning experiences.

The importance of well stated, clearly defined objectives cannot be overestimated for all other aspects of the curriculum development are dependent on them. All content, all learning experiences, all evaluation stem from the objectives we select. Time spent on developing objectives will pay dividends of immeasurable value. It should not be expected that objectives can be stated once and for all. They will be inadequate statements capable of revision frequently. The intent of every instructor, then, is to improve the statement of the objectives of the course for which she is responsible. We shall only make a beginning here. It is our hope that the beginning will be such as to form a foundation for further development and improvement in each individual situation.

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# THE TEACHING-LEARNING PROCESS

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## THE TEACHING-LEARNING PROCESS

Many books have been written on the teaching-learning process, but one recent publication proved to be a delight to many teachers. This was the poignant, yet humorous story of a teacher filled with idealism and compassion, trying to struggle "Up the Down Stair Case." Bel Kaufman brought together the realism of the public school and the dreams of the young teacher, and the result is a loveable yet devastating picture. A few examples from this book include this excerpt from a note she received.[1]

"I am only in your Home Room, but I wish I had you for English. You told us not to mention names of teachers, well I have Mrs. L-w-s, her voice is so grading, it makes my ears squint. Last term was no better, we had Miss P-s-r-ld, we had to make believe we were a TV panel or a football team. With you, maybe I could learn something but I'm dropping out of school any how, so it's too late.

Signed - A Former Student"

or this one -

"I'm getting behind, because school goes to fast for me to retain the work. Maybe if they go more slower with the readings?

Signed - Repeter"

or

"Having sprained my ankle in handball, the nurse gave me a cup of tea. Is that suppose to help my ankle?

Signed - Athlete"

or this choice one, which must have cheered the teacher's day.

"List of goods:
1. You're always willing to listen to our side no matter what.
2. When you don't know something you're not ashamed to say you don't know something.
3. You're not afraid to crack a smile when necessary.
4. You always look happy to see us come in.

List of bads: None

Suggestions: More like you.

Signed - Your Fan"

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[1] Kaufman, Bel. Up the Down Stair Case. (New Jersey: Prentice Hall Inc., 1964), p. 176-180.

or this -

"English would be much better off with more teachers like you that take an interest in their pupils instead of teaching just because they have to - due to circumstances. Well ever since you elected me judge, I, for one, will never forget you as long as I live. You made me feel I'm real.

Signed - Jose Rodringer"

The book is full of these choice examples of the things that take place between the teacher and the student. They are stated, not in our elaborate psychological jargon, but in warm, real, terms. Let's look for a moment at the first example - the student who wrote, "her voice is so grading it makes my ears squint." What was he telling his favorite teacher? He could not stand to listen even to the voice of the other teacher. How could he learn anything if he was so involved protecting himself against a disagreeable sound? He went on to describe another teacher who made the students pretend they were a TV Panel or a football team. To this student, this was ridiculous, out of character, artificial. And so discouraged, he was dropping out of school. The next student, the repeater, was so depressed at being unable to keep up, that he could only feel himself slipping further and further behind. Individual differences were not taken into account. And then there was the teacher evaluation done by a "fan" who listed some sound qualities important in the teaching-learning process. The teacher listened; she could admit not knowing something; she had humor; she seemed to enjoy her students. And the last example cited - the Mexican student who was given recognition by being elected a "judge." He felt some identity. He felt recognized. These are some of the qualities needed to set the stage for the teaching-learning process; and some of the beliefs we may have about how learning is facilitated. Because wherever the process of teaching and learning takes place, I believe we need to have some firm beliefs about how the process is nurtured. The nursing faculty at our school decided that it was equally as important to state our beliefs on the learning process as to state our philosophy and objectives. It follows a rather natural sequence, then, to move on to the organization and selection of learning experiences. The way experiences are selected depends on the way we feel learning is enhanced. And so, it becomes important to state these beliefs, and have some unanimity of feeling within a faculty group, to assure a pulling together. The beliefs of one faculty may be quite different from those of another faculty. This is healthy. But one needs to have some beliefs in order to assure direction and organization.

The faculty at our school assigned ourselves this project during the Winter, to identify how we actually felt learning was helped along, based on the experiences of several years of teaching. We read the classical texts, the psychology of learning books, and thrashed the ideas around until we were able to formulate some statements, which, while not being profound, do reflect us and our thinking about the learning process. There is overlapping from one idea to another. The terminology is simple and unsophisticated. Each of us tried to reconstruct how we, ourselves, learned, and how, from a pragmetic viewpoint we felt we had helped our students learn. What we were actually saying to ourselves was, "let's capitalize on the things we find that work! Let's abandon those methods and practices which do nothing except make the instructor feel smug and secure."

(TRANSPARENCY - FLASH ON SCREEN)

Here is what our faculty agreed on this year. It will be changed often, I am sure.

Teaching - Learning Process[2]

1. Motivation is basic to the learning process.
2. Successful experiences tend to reinforce learning.
3. Learning is influenced by an individual's interest.
4. Meaningful participation enhances learning.
5. Learning is facilitated by progression from the simple to the complex.
6. Relationships between concepts are more meaningful when the individual is encouraged to discover them for himself.
7. Learning is largely an emotional experience.
8. Recognition of similarities and differences between past and present experiences is one of the ways through which knowledge is transferred.
9. An individual's response to a new situation is influenced by his own background.
10. Modification of successive experiences enhances learning.
11. An accepting and stimulating environment is conducive to learning.
12. Learning is encouraged by continuous self evaluations.
13. Learning is more effective when one is ready.
14. Learning is furthered by the sharing of experiences and ideas.

The faculty decided on these fourteen statements - it is not an exhaustive list. But it is workable for us, and perhaps will serve, today, as a point of departure, then, for talking about selection of experiences in general.

1. Motivation is basic to the learning process.

This makes the learner receptive to stimulation. This is within the student. In other words, there needs to be something which is disturbing enough to the individual to make him want to do something about it. Students come to us, having set a goal for themselves to become nurses. They are starry-eyed and highly motivated. What happens all too often? Barriers are erected which deter the student in her progress toward her goal. Some of these barriers may be due to us as teachers. The poor personality and voice of the teacher in the letter I read was an obstacle to learning. Poor teaching techniques are barriers to learning. The teacher may not recognize the effective motives of students, may disregard a student's level of attainment, or she may lack effective ways of presenting the materials of learning. Do we sometimes place a barrier in the way of the student attaining her goal, by having her wait too long to even see her first patient?

Since it is generally agreed that "discovery" is an essential component of the learning process, I would like to involve all of you now, from your experience, what other statements would you add, which would have meaning for you? One of our theories reads, "meaningful participation enhances learning."

(IDEAS FROM THE GROUP - FOR BLACKBOARD OR TRANSPARENCY ROLLER)

(HAVE SOMEONE WRITE DOWN ALL BLACKBOARD IDEAS FOR MIMEOGRAPH)

Now what else is going to determine our selection of content, in addition to our Philosophy, Objectives, and Learning Theories?

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[2] Weber State College Nursing Faculty, March 1967.

Some educators like to set up terminal objectives for a course. This helps a student see where she is heading and where she needs help. Here it is important to use terminology which is clear, and has meaning for the students. Semantics can become garbled. Do you recall the wonderful and baffling encounter of Alice in "Through the Looking Glass?"[3] Humpty Dumpty uses the word "glory" in a sense which made no sense to Alice. She says, "I don't know what you mean by glory." Humpty Dumpty smiled contemptously, "Of course you don't - till I tell you. I meant there's a nice knock-down argument for you!" "But glory doesn't mean a nice knock-down argument," Alice objected. "When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean - neither more nor less." "The question is," said Alice, "whether you can make words mean so many different things." "The question is," said Humpty Dumpty, "which is to be master - that's all." Alice was too much puzzled to say anything - so after a minute Humpty Dumpty began again. "They've a temper - some of them - particularly verbs. They're the proudest. Adjectives you can do anything with - but not verbs - however, I can manage the whole lot of them! Impenetrability! That's what I say!" "Would you tell me please," said Alice, "what that means?" "Now you talk like a reasonable child" - said Humpty Dumpty, looking very pleased. "I meant by impenetrability that we've had enough of that subject and it would be just as well if you'd mention what you mean to do next, as I suppose you don't mean to stop here all the rest of your life."

"That's a great deal to make one word mean," Alice said in a thoughtful tone.

"When I make a word do a lot of work like that," said Humpty Dumpty, "I always pay it extra."

"Oh," said Alice. She was too much puzzled to make any other remark. Verbs are expensive! They become the tools of terminal objectives and ultimately of evaluation! But that is another whole concern, and one we will not tackle today.

There is also a conceptualization process necessary for learning which is well described by Mary Harms and Frederick McDonald in an article in Nursing Outlook, entitled "The Teaching-Learning Process."[4] They say: "This conceptualization of the model of the decision-making nurse described in the previous article has the following educational implications. First - the knowledge base for decisions must be acquired. Second - the hypothetical character of such decisions and implications for practice must be learned. Third, this decision-making act must be attempted. Fourth, how to evaluate decisions must be learned. In this conception, the learner is seen as an action planner and tester of actions."

Based, then, on our beliefs of how we can encourage learning, we are ready to move on to the exciting fun of selecting learning experiences. Let us assume that the organizational pattern has already been established. Basically, I believe, most programs move through Fundamentals and Maternal and Infant Nursing, and Medical-Surgical or Physical and Emotional Illness - some of us use the needs approach, others a developmental approach, problems approach, the body's reaction to stress, systems, and on and on adinfinitum.

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[3] Carroll, Lewis - The Annotated Alice (New York: Clarkson Potter Inc., 1960), pp. 268-270.

[4] Mary Harms and Frederick McDonald, "The Teaching-Learning Process," Nursing Outlook, 14:54, October 1966.

Tyler[5] offers us some ground rules for selecting learning experiences.

1. Give the student a chance to practice the kind of behavior implied by the objective. The student needs experience dealing with the type of content implied by the objective. He learns to solve problems by solving them.
2. The learning experience should provide some satisfaction as the student carries out the behavior implied by the objective.
3. The reactions desired in the objectives are within the range of possibility. (The teacher begins where the student is.)
4. There are many experiences which can be used to attain the same educational objectives.
5. The same learning experiences will usually bring about several outcomes.

All of this places a responsibility on the instructor to structure the type of situation in order to stimulate the desired type of reaction.

All right then - let's think of experiences we might select which are based on this belief.

2. Successful experiences tend to reinforce learning.

What are some of the implications which an instructor needs to remember? If a student is to have a successful experience, the experience must be chosen with an eye to the students' level of competence. Let's try a few examples, and divide the group into thirds, and each work on one example.

The focus for experience is separation anxiety. Group I. You have a group of first year students in their 6th week of school. What type of experiences might you select for these students - in which you might reasonably expect them to experience satisfaction and success? (Possible examples might include:)

a. A child in Pediatrics whose mother is leaving him for a tonsillectomy.
b. The student's own analysis of her own feelings at leaving home.

The next group II. . . Separation Anxiety for a group of students in Maternal and Infant Nursing. What experience might you plan to give the student experience in helping a patient handle Separation Anxiety?

Possible example might include:

a. A wife leaving her husband at the door of the labor and delivery room.
b. A young mother leaving her premature infant at the hospital.

And for the last group III. . . please think of an example in which the second year students are given an opportunity to offer support to someone suffering from anxiety separation.

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[5] Ralph Tyler, Basic Principles of Curriculum and Instruction (Chicago: The University of Chicago Press), 1962, pp. 42-44.

Examples:

a. An elderly man leaving his wife with a fractured hip at the hospital.
b. A young wife leaving her husband with an acute coronary attack.
c. A young mother with a child dying of leukemia on the Pediatric Division.

(REPORT AND WRITE ON BOARD)

Now - how many of our theories are in operation? We tried to plan an experience which the student was capable of handling, because if she were able to handle it well, her chances of handling the next one would be increased. What other theory was in operation?

We tried to move from the simple to the more complex role for this student to handle.
We also tried to give an experience for which we felt the student was ready.
We modified each experience as the student moved along.
We helped the student discover similarities in her series of experiences.
How could we draw in some other theories we believe in?

Do you feel that a post conference where there could be a sharing of experiences would enhance this learning? A discussion on how each student handled her experience, what her verbal and non-verbal behaviors were, how she felt - all of this adds a dimension, vicariously, to each students' learning.

Now, let's take an example of an experience which violates the principles we have set up. If we had chosen for the beginning Freshmen an experience in anxiety separation with a dying patient, we would have violated these principles:

Learning is more effective when one is ready.

Learning is facilitated by progression from the simple to the complex.

This experience would very likely have been traumatic and unsuccessful, leaving the student frustrated and unprepared for the next experience.

Can you think of experiences in your own background in which some of these principles or theories were completely overlooked?

Let's try another series of selection of experiences based on the nutritional needs of patients. This time let's have the last group (III) select an experience for beginning Freshmen students with the focus on meeting normal nutritional needs.

Possible suggestions:

a. An assessment of their own needs.
b. A comparison of their needs compared to the daily requirements of one of their patients.

Group II . . . You have a group of students in the Freshman year - having experience in Maternal and Infant Care. With the same focus - Normal Nutritional needs - select an experience which may be meaningful.

Suggestions:

- a. A comparison of the daily average requirements of herself and a pregnant girl her age.
- b. Or adaptation of the daily average requirements of a patient with toxemia.
- c. A study of the daily average requirements of the newborn. A comparison of mothers milk to formula.

Group I . . . You have a group of students in the last Quarter of the 2nd year - your focus is still on meeting nutritional needs - what experiences might you select which would use the principles we have talked about?

Suggestions:

- a. Plan with a patient from another culture, a diabetic diet.
- b. Help a mother plan a diet for her child who has many allergies.

Let's look at the sixth concept in the learning process. Relationships between concepts are more meaningful, when the individual is encouraged to discover them for himself.

In a splendid look by J. Cecil Parker and Louis J. Rubin, entitled Process as Content[6] the statement is made, "A careful selection of crucial concepts would be preferrable to a gross compendium of information." He goes on to say, "If processes can be taught - taking them as no less basic than the information with which they are associated - the learner will be able to deal with standard information far more intelligently. Most important, the learner will possess the intellectual machinery for rational thought which will be useful in other situations."

I think this is what we are trying to get at when we say relationships between concepts are more meaningful when the individual is encouraged to discover them for himself.

A nurse educator refers, also, to the concept of process as content. Dr. Margaret Shetland[7] makes these remarks in an article written for the American Journal of Nursing:

"Some schools are experimenting with introducing students to patients in ways that do not involve either a uniform or a tool - methods of assessing needs in which the student can be an active participant, but is not required, or even permitted to assume the nurse role prematurely."

"So far I have mentioned the importance of maximum flexibility and minimum rigidity, focusing on process rather than on technique, using knowledge rather than just acquiring it." She goes on to describe the clinical conference, which well conducted, to me is the heart of the A.D. Programs, and she then says, "If it is the process - the ability to adapt knowledge to new and different situations - that is important, we need more of this kind of learning opportunity."

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[6] J. Cecil Parker and Louis J. Rubin, Process as Content, (Chicago: Rand McNally and Co., 1966), p. 22.

[7] Margaret L. Shetland, "Teaching and Learning in Nursing," American Journal of Nursing, 65:112-115, September 1965.

Let me cite a few examples where the learning experiences for a group of students are selected with an eye towards encouraging this discovery of relationships. Let us suppose our focus for experience is on Edema. One student may be given experience in caring for a patient with severe burns. Another may care for a patient with congestive heart failure. Another may care for a patient with advanced cirrhosis of the liver, and still another student may be given the experience of caring for the patient with renal failure. As the students read about these problems in their text books they will discover some of the commonalities. As they care for their patients, each will discover additional facets to the problem of edema. The post conference with the sharing of ideas will help the students discover what actually happens physiologically with burns, heart failure, cirrhosis of the liver and renal failure. It will be more meaningful to the students. We use to feel that we had to teach exhaustive lists of diseases. When we did, there seemed to me to be many sterile boxes of information in our brains and no content was allowed to move to another little box. Now we help the students look for commonalities and relationships and all the doors to the little boxes are open.

In some schools, students are given the chance to make their own assignments during certain periods of their program. This experience utilizes our principle, "Learning is Influenced by the Learner's Interest," also - she is evidently ready for the experience if she selects it. Contrary to the supposition that a student might select patients requiring little challenge, it has been found that a student selects highly challenging experiences where she feels a need to do real problem solving.

In summary, then, we have discussed some of the ways one faculty group feels learning is encouraged. It was emphasized that how learning takes place is as important in selecting experiences as a philosophy and stated objectives. The climate, too, enters into the picture along with the approach and personality of the teacher. A pattern of inquiry, of problem solving, of sharing ideas, all contribute to the ultimate ability of the student to function as a responsible person. To again quote Dr. Margaret Shetland[8], "If we want to produce innovators rather than imitators, we must learn to teach in such a way that variation and independence are strengthened."

We need to know where we are heading in order to select experiences which will relate to the objectives we have stated. We need to place emphasis on the process of arriving at decisions. We need to accept the principle that there are many "right" ways to do things - there is a lovely example of learning to accept this concept. This is entitled The Fingers Touched[9] by Stanley Diamond.

"I'm so impressed with your sari, Mrs. Waddia, it's quite beautiful."

"Thank you. Most Indian women consider the sari both feminine and practical. You see - it keeps me quite warm - even on this cool night in San Francisco."

"You have the one style, but many saris of varied colors and materials for different occasions or weather, is that it?"

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[8] Ibid. p. 116.

[9] Stanley Diamond, "The Fingers Touched," ETC XXIV:103-104, March 1967.

"Yes, if you call the sari a style. It is true though that Indian women have worn the sari for many hundreds of years, that is true."

"I wish our American women could settle on a style and retain it for several hundred years. That might reduce some of the anguished cries in the night of American husbands."

"Yes, women's wardrobes must be very expensive in the States."

"Expensive? Mrs. Waddia - some husbands say their only role is that of a middleman between the garment industry and their wives' wardrobes."

"Well, we do not have that problem. We cannot afford style changes. Our culture, our economies are quite different in this respect."

"Neither can we afford style changes, Mrs. Waddia - but that doesn't stop us. That's how sick we are."

"Perhaps you must not stop. Yours, you see, is a consumption, a having economy. You must use up what you produce."

"Then we are loyal citizens. We're dedicated consumers, dedicated 'haves' - but - I think you point it out - we've no choice."

"The rest of the world, I think, would like also to be dedicated consumers."

"There are the other things, though, aren't there, Mrs. Waddia? I mean, India's thousands of years of living experience - there is much we can surely learn from her experience."

"Well, perhaps you can - we do look at and live our lives quite differently. We seem a bit more composed, less restless than you, I think. There is much time behind and much ahead, we say. We philosophize a great deal - and there is no comic book or television interference."

"That sounds like one of the things I mean. Here, we never have enough time to find out where we've been, where we are, or where we're going. Personally, I just run and run and run - as we say - just to stay even in the sprint. Now - don't ask me 'sprint to where or what'."

"Perhaps - in India, we should walk a bit faster and you in the States should run eight hours instead of twenty-four."

"Mrs. Waddia, we may be approaching an understanding."

"That means we have something to learn from each other."

"Yes, it's that and perhaps - more. Doesn't it also mean - that there is no 'only way' - no 'right way'?"

"I agree. THE WAY is not written in the stars for all to see."

"Mrs. Waddia - I think we just communicated."

"We say - in India - 'the fingers touched'."

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# SELECTION OF LEARNING EXPERIENCES

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## SELECTION OF LEARNING EXPERIENCES

If the stated purposes of the Associate Degree Nursing Programs are different, then the way we arrive at meeting their purposes should be different. It is through the appropriate selection of content and learning experiences. That one area of difference can be delineated. The rationale underlying the selection of content and learning experiences is based on the functions nurses perform within the occupation of nursing.

An obvious step in the selection of learning experiences related to a course or unit of study would be to consider all the possible learning experiences that might be available. Then, the instructor needs to identify the learning experiences all students should have within a course. Identification of those learning experiences which are desirable but not essential for all students would have to be determined. It would serve that the opportunities are numerous for those kinds of learning experiences.

The learning experiences which are selected should meet the desired objective of the course. All too often we perhaps limit our thinking of learning experiences as only those experiences can be found in the laboratory. However, learning experiences encompass much more than this. Selection of appropriate reading materials for the nursing student is just as important as selection of learning experiences in the laboratory. The use of selected programmed materials within a course of instruction can be an excellent learning experience. Films can be used as excellent resources. However, films should be selected carefully. The students would need a study guide in order to obtain the best learning from this course. Film loops, transparencies also, could be used to enhance students' learning. Perhaps a field trip might be the best way to gather information about a certain subject.

In the selection of the learning experiences, we have to plan to use the best resources to meet the specific objective whether this be reading materials, use of film loops or transparencies. Certainly the lecture in the classroom is a learning experience for the student.

Identification of those learning experiences which are essential and meet the desired objective is the key to advancing the students' understanding of a course of instruction.

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# USE OF THE LABORATORY

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Continuation Education Services

## USE OF THE LABORATORY

The overall purpose of the laboratory experience is to assist the nursing student to develop the intellectual and manipulative skills needed in the practice of nursing at the registered nurse level. The laboratory provides the student with first hand experiences as well as being the place where the theoretical aspects of the course of instruction are applied. Brown and Thorton state that "one important function of laboratory instruction, ideally and theoretically, is to give students real experiences and allow them to discover things for themselves, whether or not those same things have already been discovered by others."[1] They continue to define the laboratory as the learning environment which "helps students to develop skill in making accurate, orderly observations."[2]

Laboratory experiences within the nursing program can be further defined as those experiences which can be found in the college laboratory and those which can be found within a hospital, health or other community agency. Consideration needs to be given as to how these laboratory experiences can best be planned for the nursing student. Determination of those experiences which can be best planned in the laboratory without direct access to patients warrants the nursing educator's attention. Within each course of instruction, there are specific intellectual and manipulative skills which could best be taught in the college laboratory. For example, in Fundamentals of Nursing, a college laboratory might be centered about handling various pieces of equipment needed to meet the oxygen needs of patients. Also, a college laboratory might involve handling and utilizing equipment needed in irrigation of various orifices of the body. Another laboratory might be planned to help the student develop manipulative skills related to administration of medications by various routes.

In the Maternal and Child Health course, a college laboratory might be planned with the objective in mind to assist the nursing student to understand the various stages of labor and delivery. A film such as *All My Babies* or *Hospital Centered Maternity Care* might be used. The filmstrip *Having A Baby* could also be used. Whenever the above films are used for a college laboratory, a guide should be prepared with specific questions so that students will be more aware of comfort measures, nurse's role, physiological and emotional changes which take place in the mother and baby during birth process.

Another laboratory experience could be developed so that the nursing student would gain a better understanding of the relationship of the structure of the pelvis to its functions; the implications of optimum pelvic construction; the role of the muscles, ligaments and soft tissue in expulsion of the fetus; relationship of the changes and movement of the infant's body to the process of movement in the birth canal. A doll and pelvis could be utilized to demonstrate the above.

A laboratory period such as this allows for excellent visual stimulation as the instructor places the doll in various positions and directions in the pelvis and through the outlet. The students would then have the opportunity to practice placing the doll in various positions.

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[1] James W. Brown and James W. Thorton, Jr., *College Teaching Perspectives and Guidelines*, p. 150.

[2] *Ibid*. p. 150.

In the course Physical and Mental Illness, a college laboratory might be planned around the various types of equipment needed in inhalation therapy, thereby building on what has been taught related to oxygen needs of patients in Fundamentals of Nursing and Maternal and Child Health.

According to Dr. Mildred Montag, "the design of the laboratory period can enhance the student's ability to develop skills, to use cues, and to determine errors."[1] The nursing student could be given an individual assignment related to the specific objective or purpose of the laboratory or she could be part of a group assignment where all students work toward an identified objective.

A challenge exists for instructors in nursing to consider ways in which experiences for large groups of nursing students can be planned. In the group sessions perhaps we could explore how this could be utilized in the various courses of instruction.

As the associate degree nursing programs expand and experience increased enrollment, faculty will be faced with the problem of how to plan desirable learning experiences for larger numbers of nursing students. One approach to this dilemma would be through the use of group assignments. For example, in Maternal and Child Health, perhaps a group assignment could be planned in the prenatal clinic. In planning this way students are working toward a predetermined objective with each student participating in one phase of the assignment. As a result of an experience such as this, all students' learning is enhanced. Still another example, a group assignment could be planned in the labor and delivery unit. It is conceivable that if you had three mothers in labor you might possibly have three groups of four students with each mother. I hasten quickly to add that not all students would be with the mother, but it is possible to plan a variety of learning experiences which would meet a stated objective.

It is obvious that some planning of this nature needs to be attempted because this is the area where many instructors at various colleges are having difficulty in providing appropriate laboratory experiences.

An obvious step in the selection of laboratory experiences related to a unit of study would be to consider all the possible desirable learning experences that might be available. First, the instructor needs to identify the learning experiences all students should have within a particular course of instruction. Secondly, identification of those experiences which are desirable but not necessary for all students. It would seem that the opportunities are numerous for these kinds of selection of learning experiences. The students can learn through sharing their direct experiences as well as learning vicariously through the experiences of members of their peer group.

Students can learn vicariously. This is one of the basic premises on which the associate degree nursing program was developed. Better utilization of the method of group assignment can intensify the development of the nursing student's ability to give direct nursing care in a variety of situations.

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[1] Mildred Montag Use of the Laboratory, p. 28. Speech made at 1963 Work Conference at Teacher's College, Columbia University.

Still another important aspect in setting up the laboratory period is concerned with the instructor's ability to create a climate for learning. In planning the learning experience, the instructor should consider those experiences that are appropriate and within the realm of possibility of some measure of success.

Another important factor which cannot be overlooked is that the laboratory affords the instructor the opportunity to evaluate overt behavior of nursing students. However, one word of caution, evaluation of behavior should not occur until the student has had ample time to practice and learn the skills and behaviors. This would have to be determined by the faculty.

Creativity can be fostered through laboratory experiences. The nursing student can test out ideas and apply knowledge learned in the classroom. This will extend her understanding and insight of the nursing care needed by particular patients. The laboratory in the associate degree nursing program provides for "guided learning because the instructor who teaches in the classroom also teaches in the laboratory."

The success of the laboratory experience depends upon many factors; for example, identification of objectives and appropriate related learning experiences as well as the use of the pre and post assignment conference.

As the objectives are defined to the point where they are beginning to guide action, the importance of the selection of learning experiences in the laboratory becomes evident. The selection of these learning experiences is vital because it is through these experiences that nursing students learn and attain the educational objectives.

General principles to guide the instructor in the selection of learning experiences for the laboratory include:

1. The opportunity to practice the kind of behavior identified by the objective. Inherent in this guide is the control of the teaching - learning situation by the instructor after it has been identified and regardless of the place which provides the specific learning experience. Basically, this stems out of the philosophy of the community college nursing program that the program as a whole must be college controlled.

2. The kinds of experience which are within the range of possibility of accomplishment for the student. Assignment of a student to a laboratory experience is dependent upon the readiness of the student.

3. A variety of experiences can be used to meet the same objective. To provide for a variety of experiences many of the nursing programs use a variety of agencies. Agencies which may be utilized include the health centers, nursery schools, kindergartens, elementary schools and rehabilitation centers.

In working with any agency whether it be hospital, nursery school, or health center, the instructor surveys the situation and discusses experiences with the proper person. For example:. If the desired experience were to be in a hospital, the head nurse could identify the patients whose nursing care would best provide these experiences. It is most important that a conference between the instructor and head nurse take place the afternoon before, or in the early morning of, the scheduled laboratory period. It is necessary that the instructor become familiar with the nursing needs of the patient. No learning experience should be selected without meeting this requirement.

The decision regarding the use of a particular agency is dependent upon whether or not the agency can provide the requested learning experience and at what time the experience would be available.

The learning experiences in the laboratory in one course affects and is affected by the other nursing courses of instruction.

The pre-conference prepares the student for the actual laboratory experience. The instructor identifies the objectives for the laboratory period and reviews with students the significant ideas from the class and college laboratory (if one was held prior to this experience). Guiding and helping each student in planning what she or he will be doing during the laboratory period is the responsibility of the instructor. Identification of the specific aspects of application of content to the laboratory experience is another one of her functions in the pre-conference. The students should be given an opportunity to raise questions about assignment. The content for this conference can be planned. In order to accomplish this, the instructor should have selected the learning experiences for the laboratory the day prior to the conference.

The overall aspects to be discussed in post conference are concerned with what happened in the laboratory and why it happened. Preparation for this conference can only be done in terms of a broad outline. One would hope that when the students examine the objectives for the laboratory experience and their participation in the laboratory that they might be able to make some generalizations about the care of patients with a particular problem. The post conference gives the students the opportunity to question and challenge members of their peer group about points related to nursing care.

Upon occasion it might become necessary to depart from the broad outline because of the nature of the involvement of the student in the laboratory assignment which was selected for her. A summarization of the important points brought out in the discussio needs to be done. In this way the student sees a relationship between the actual content presented in class, pre-conference, laboratory experience, and post conference.

The value of the laboratory can be enhanced through careful planning of learning experiences and experimentation with different methods of assignment.

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# EVALUATION

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## EVALUATION

Almost a decade ago I said, "Nursing Instructors everywhere find one of their most persistent major problems to be evaluation of student progress."[1] That this is still true today is more than amply borne out by Dr. Hazel Blakeney's doctoral thesis.[2] I am assuming that those in this workshop are no different and therefore, in order to help you, we are going to show you a film, and have you engage in two other types of activities through which we believe we can help you with this problem of evaluation.

Why this wide disparity of opinion? First, your observations were undirected, in fact, almost random. Secondly - and this is really part of the first point - criteria had not been established by which you made your judgments. And lastly, as is evident from your comments, individual bias, and even prejudice, entered the picture of your considerations.

At the end of the term all of us are reuqired to make a judgment as to how well a student has or has not met the requirements of our courses. This judgment is based on data gathered about the student and secured from as wide a range of the student's knowledge and ability as is possible. These data should be as objective and as free from prejudice as the instructor can determine. Complete objectivity is not possible. The behaviors and knowledges chosen to evaluate and the importance or weight attached to them are the result of bias on the part of the instructor. The judgment made, then, contains some subjectivity. This judgment becomes the grade - the means used to describe what the teacher has seen.

The problem, of course, is to see that the data gathered are as accurate as human ingenuity can make them and the accuracy depends on the devices used to gather them and the descriptions given of the results. Let us take the last part of this statement first and try another experiment.

Have group take the words

Consistently
Usually
Often
Frequently
Sometimes
Occasionally
Seldom
Rarely

Assume they have seen an individual carry out an activity 50 times and in their observations had observed a specific behavior. Identify how many times the individual would have to exhibit the behavior to say the individual had done it for each of the eight categories.[3]

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[1] Rines, Alice R. Evaluating Student Progress in Learning the Practice of Nursing. (New York, Bureau of Publications, Teacher's College, Columbia University, 1963.) p. 1.

[2] Blakeney, Hazel

[3] Based on an experiment reported as follows:
Simpson, Ray H. "The Specific Meanings of Certain Terms Indicating Different Degrees of Frequency." Quarterly Journal of Speech, Vol. 20, pp.328-330.

How can these pitfalls we have demonstrated today be avoided? It seems to me that there are several points of attack. First and foremost, as with everything else we do in curriculum and teaching, we have to determine our objectives and state them in behavioral terms. We have spent considerable time in this workshop trying to be more precise in stating objectives. Having done this, the next step is to identify all the content to be taught under each objective and all of the learning experiences through which the student will be enabled to meet the objectives. When you have completed each of the above steps you must then decide on the means you are going to use to evaluate the achievement of each objective. The type of evaluation to be used will depend on the objective being measured. Skills and observable behaviors can probably be effectively measured by some form of observational guide. Knowledges and understandings which cannot otherwise be demonstrated are probably best evaluated through some means of paper and pencil testing. Attitudes and appreciations are the most difficult of all to measure and if measurable at all, will probably have to be dependent on paper and pencil evaluation. Having decided on the type of evaluation to be used, the next step is to decide on the behaviors to be sampled and select specific samples which will actually be used in the evaluation. You cannot evaluate every behavior you expect the student to acquire in your course, you can only evaluate sample behaviors just as in paper and pencil testing you can only test some of the knowledge that you feel the student should have learned. Therefore, the samples of behavior selected become crucial and should be representative of the whole in so far as you can determine. Let us first look at the kinds of evaluation settings you might use, and then let us consider the kinds of tools you might use in those settings.[4]

The first setting in which a student might be tested is used to determine his or her ability to recognize the essential characteristics of a performance or product of a performance, or identify objects. These kinds of settings use primarily Recognition Tests. Examples of recognition tests are:

- A movie of a performance where a student makes a critique
- Identification of instruments on a tray
- Identification of elements in a situation
- Making a plan of procedure

The advantages of recognition tests are:

- They are easy to prepare
- They can be controlled
- They are adaptable to a wide range of situations
- They can identify students who lack basic knowledge to carry out a performance

The disadvantage is that such tests do not measure a student's ability to perform.

A second type of test setting in which to evaluate a student is the simulated work situation. Such situations are a copy of the real life situation in which the student is required to perform under conditions as much like the "real thing" as possible. Examples of simulated work situations are:

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[4] Information on test settings is from materials presented by Dr. Elizabeth Hagen at the Work Conference on Evaluation of Student Achievement in Nursing in Associate Degree Nursing Programs. New York, Teacher's College, Columbia University, June 10 - 14, 1963.

- Role playing
- Laboratory situations
- Mock delivery rooms
- Mock medical aseptic units

The advantages of such settings are:

- They are convenient
- They are safe
- All the variables in the setting can be predicted, controlled, and planned

The disadvantage is that these situations cannot simulate the real situation in toto, especially physical and psychological conditions.

A third kind of setting that is used, probably most frequently in nursing, is the work sample. These situations are "controlled tryouts" under actual conditions. The student is required to carry out the operations that the procedure or job demands. This is sometimes called the identical elements test. In order to have any degree of accuracy at all, such tests should be given to all those being tested under standardized conditions, with standardized scoring procedures that have been carefully worked out in advance. Work samples should include complete sequences such as was illustrated by the film. Examples of work sample situations are:

- Those in which there is a clear cut distinction between right and wrong, temperature, blood pressure, etc.
- Those which must depend on the judgment of the observer for quality of performance.
- Those that leave a product and the process is not important nursing care plan, charting.
- Those where the process is important but leave no product, i.e., care of the coronary patient, giving medications, aseptic technique.
- Those in which both the product and the process are important, i.e., dressing a wound, rotating tourniquets on a patient with congestive heart failure, removal of the vernix caseosum on the newborn infant.

The advantages of such a setting are:

- It is realistic and has far greater face validity than any other kind of evaluation.
- It may include complete sequence of behaviors.

The disadvantages of such a setting are:

- Usually the inclusion of a complete sequence of behaviors is inefficient and/or impossible.
- Sampling of behaviors presents a real problem.

These three settings then provide the forms of test situations that give us observable data on which evaluation judgments can be based. In this type of evaluation, as in any other, the behavior being observed is only a sample, but it is a sample which predicts the whole. All evaluation involves sampling, therefore, the sample should be explicitly and consciously made.

Having described your objectives, weighed them, determined the behaviors to be sampled, and identified the setting in which they will be tested, the next step is to construct the tools for use in guiding observation of behavior and recording these observations. There are several tools which can be used, and all should be used to get an adequate picture of the student from as many different aspects as possible.

CHECK LISTS - Check lists are observation guides to be used by the instructor during the process of observing the student in the work sample situation - in the actual course of giving nursing care. Check lists are particularly helpful in evaluating observable nursing skills in which the process is predictable. Recent kinds of check lists have attempted to combine several nursing procedures which have like skills and techniques, common kinds of equipment, and/or common governing principles. The better check lists have contained only the crucial elements of the skill or procedure - those that if the performer omits any one of them, the whole procedure is automatically incorrect. It may also be desirable to include negative behaviors that, if the student exhibits any of these in the course of the procedure, the whole thing is also automatically wrong. These check lists can be used as teaching guides throughout the course, and can be in the hands of the students. Then in the evaluation situation, the teacher selects a few which she feels are important enough and representative enough and tests the student on these. A check list is difficult to prepare but easy to use.

ANECDOTAL NOTES - Anecdotal notes are records of observations of short duration in which the behaviors being observed could not have been predicted. This type of tool lends itself well to observations of short duration and hence can be used more frequently than some other types of tools. In making an anecdotal note, one must guard against recording a mixture of fact and opinion. These must be kept separate. Therefore, the note is recorded in three separate parts. First, the situation is described in precise and factual terms. Then the second part is a description of what the student did in that situation - the exact behaviors, again in factual terms. Lastly, the observer records her opinion of what the student did in the situation described. Only in the last part should other than factual information be included.

RATING SCALES - In my opinion, rating scales are the least desirable and valid tool of observational evaluation. The only advantage that it has is to show how a student compares with others in her class. If you are going to use it, you must describe each behavior being rated in very precise terms. Then for each point on the scale for each behavior, you must describe precisely the level of behavior expected. To me this seems to be a lot of work for one piece of information, and I have yet to see one that the faculty felt was adequate. The one that I did see that approached adequacy required 16 - 20 pages of explanation to identify the behaviors and the levels being rated.

STUDENT SELF-REPORTS - The use of these to be incorporated in the instructor's evaluation seems to me to be unjustifiable. While we want to teach students to learn standards of performance and to use these standards to estimate her own degree of excellence, the student does not have an adequate frame of reference within which to judge her own performance. She should be given criteria against which she can decide on her own adequacy and be encouraged to do so, but this judgment should only be considered as one more piece of information for the instructor.

INCLUSION OF OTHERS IN THE EVALUATION PROCESS - One of the basic principles of evaluation is that all who are a part of the education of the student should be involved in the evaluation. Unless individuals are engaged in the educational process, they probably should not take part in the evaluation. This immediately raises the question - what about patient evaluations? After all, patients are a very valuable part of the education of the student. The value of the patient's comments on how well a student is performing in patient care will depend entirely on how questions concerning this are addressed to him. With careful phrasing of questions and assurance that the information will be used to help the student, not to penalize her, the patient's evaluation is another piece of information that can be considered in the evaluation process.

Nursing service personnel generally are not involved in the evaluation process. While they are helpful in course and program evaluation, since they are not engaged in the teaching of students, they do not engage in student evaluation.

Having completed all of the steps up to this point, the next consideration is the planning of time for the evaluation. The precise time at which a student's performance should be evaluated seems to present a major problem for instructors. Often they are reluctant to take any time at all from teaching and spend it in evaluation. This is false economy of time. Evaluation enables the teacher to improve her teaching and the student to improve her progress in learning. Therefore, time spent in evaluation is probably time saved.

If evaluation is to be conducted with maximum efficiency and results, regular times should be designated for the purpose, separate from the teaching process. The teacher should plan for her observations and evaluations of student behaviors, just as she plans for paper and pencil tests. These should be planned frequently enough to give the instructor a picture of the way in which the student is progressing in learning the practice of nursing, and so that she can get an estimate of behavior trends.

So far I have been talking primarily about course evaluation - or rather the evaluation of the student in a particular course. However, I believe that efforts in evaluation must be coordinated beyond that done in a single course. I believe that a total plan for evaluation must be made which provides for following a student through her entire course of studies at the school. This has to be done by the whole faculty in terms of the objectives of the total curriculum. I suspect that no two programs will (or should) have evaluation programs that look alike. The faculty should decide what the students are expected to do and, if possible, at what level of proficiency at given points in the program - at the end of the first term, the second term, and so on. In the college setting, the obvious time for a major evaluation is during the regular college examination time at mid-term and end-of-term. What tools are to be used, and the devising of these tools for each course will have to be done by each program's faculty, and even by individual faculty members concerned. Tools used by one school will probably not be suitable for another, because the objectives will differ. For the same reason, a tool devised for one course will not be suitable for others. When, what, and how to evaluate can only be decided by the cooperative effort of the total faculty in each individual school. The precise tools to be used in each course will have to be developed by the faculty in that course.

As Shakespeare says, "If to do were as easy as to know what were good to do, chapels had been churches, and poor men's cottages princes' palaces,"[5] most of us in teaching have a notion of what is good to do with regards to evaluation, but we find great difficulty in doing it. But once again I must remind you of the statement by Thorndike and Hagen:

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[5] William Shakespeare. The Merchant of Venice. Act I, Scene II.

> We must grant that our measurement procedures are not complete and our actions based on them are not always wise. But the remedy lies in developing better measurement procedures that will give us more complete and more accurate information about the individual. It lies in gaining a better understanding of our measures - their strengths and their weaknesses - so that we may use them with more wisdom. It does not lie in getting less information.[6]

Hence, my final piece of advice to you - do not give up in your evaluation. Rather, work harder to improve the tools and procedures you now are using. Only this time, use them after you have gone through the steps I have outlined for you here.

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[6] Thorndike, Robert L. and Hagen, Elizabeth. Measurement and Evaluation in Psychology and Education. 2nd ed. New York: John Wiley and Sons, 1961, p. 13.

# GROUP SESSION REPORTS

## GROUP SESSION REPORTS

### Group I

#### Fundamentals of Nursing

First course in nursing.
Based on common human needs.
Deals with the normal.
Common needs identified are:

1) Physiological
    - Oxygen
    - Fluids
    - Foods
    - Elimination
    - Rest and Exercise
    - Cleanliness
    - Comfort
    - Clothing and Shelter
2) Psychological
    - Acceptance
    - Recognition
    - Love
    - Security
    - Esteem
    - Self-esteem

#### Course Objectives

1. Can identify what the nurse does to assist the patient to meet common human needs both physiological and psychological.
2. Can describe evidences of deviation from normal physiological processes related to common human needs.
3. Can use nursing measures based on scientific knowledge to assist the patient to meet common human needs.
4. Can plan daily nursing care to assist the patient to meet common human needs.
5. Can get information from and give information to the patient that will help keep him on his regime of care.
6. Can get information from and give information to others associated with the patient that enables the nurse to keep the patient on his regime of care.
7. Can identify common patterns of human behavior.
8. Can adjust own behavior in relation to that of the patient.
9. Wellness.
10. Stress.

#### Unit Objectives for Nutrition

#### Cognitive

1. Can describe nutritional intake that provides essential nutrients.
2. Can compare and contrast the amount and nature of food stuffs eaten by a well individual with those eaten by a sick individual.
3. Can compare and contrast the amounts and nature of food stuffs eaten by individuals of different age groups.
4. Can compare the calorie intake of an individual with his energy expenditure.
5. Can estimate the quality and quantity of the food a patient has eaten.

6. Given a knowledge of the quality and quantity of foods a patient has eaten, can estimate the need for added food.
7. Can describe ways in which the texture of a diet can be altered and still contain all the essential nutrients.
8. Can describe the ways ingredients of a diet can be altered and still contain all the essential nutrients.
9. Can describe ways in which food becomes contaminated.
10. Can describe eating customs of major cultures in geographic area that may influence a patient's diet.
11. Given a patient from other than his own, can suggest types of foods that will meet his cultural habits and still contain the essential ingredients.
12. Given a patient's age, height, and weight, can estimate his daily fluid requirement.
13. Can plan a 24 hour regime of fluid intake for a patient who has no alteration in his regulatory mechanisms.
14. Can estimate the patient's daily fluid loss from all sources.

Skills

1. Can feed a patient who cannot feed himself.
2. Can assist a patient to feed himself.
3. Can prepare the patient for eating.
4. Can prepare the patient's tray for the patient.
5. Can identify food that is unfit for consumption.
6. Can feed a patient in a manner compatible with his cultural beliefs.
7. Can feed a patient fluids by mouth using a variety of devices.
8. Can adjust the patient's fluid intake in relation to his fluid loss.
9. Can report the patient's food and fluid intake to appropriate persons.
10. Can report the patient's food and fluid intake in the appropriate manner.

Areas Considered But No Objectives Written

1. Enticing patients to eat.
2. Attitudes about patients in relation to feeding, diets, etc.

Content - Nutrition

1. Essential nutrients.
2. How essential nutrients may be included in a diet.
3. Methods of feeding.
4. Components of normal diet.
5. Variations of normal diet.
6. Methods of calculation and/or estimation of energy intake and expenditure.
7. Information regarding calorie requirements.
8. Information regarding food preferences based on culture.
9. Methods of eating based on culture.
10. Manner in which foods are served, i.e., food combinations.
11. Contamination of foods.
12. Commonalities and differences of foods and liquids.
13. Methods of preparation of patient.
14. Procedure for feeding.
15. Methods of estimating daily fluid requirements.

16. Methods of maintaining daily fluid requirements.
17. Information regarding evidences of lack of fluids and/or essential nutrients.

Course: One semester - 6 credits
4 hours class 6 hours lab.
Ratio - lab hours to credit = 3 : 1

Unit on Nutrition: One two-hour class period.
One or two three-hour lab periods.

Learning Experiences of Objective

"Can feed a patient who cannot feed himself."

1. Programmed unit on nutrition from Oakland Community College. Class discussion of materials in programmed unit.
2. Feed a well person:
   a. Foods of different consistency.
   b. Foods of different temperature.
   c. Using different methods.
   d. With him in different positions.

   Experience assigned in college lab with each other or as homework.

3. Feed a sick person:
   a. Whose nutritional needs are normal.
   b. Who is blind.
   c. Who is physically weak.
   d. Whose hands and arms are handicapped.
   e. Who is without teeth.
   f. Of different ages.
   g. Who must be recumbent.

   Experience gotten in hospital setting or in homes.

This same experience of feeding a patient can be used to meet other objectives such as:

"Can estimate the quantity and quality of food a patient has eaten."

Learning Experiences:

1. Use patient assigned to be fed, and from direct observation, information on chart, and questioning, estimate his qualitative and quantitative dietary intake.
2. Using a description of a hypothetical patient which includes his dietary intake, estimate the quality and quantity of his dietary intake.
3. Estimate quality and quantity of own dietary intake.

Objective: Can describe ways in which food can become contaminated.

Learning Experiences:

1. View teacher made film loop of process of contaminating food.

2. Visit restaurants in area which Health Department has designated as good and those designated as poor in terms of sanitary standards.
3. Talk to representative of Health Department about regulations concerning food handling and how these are enforced.
4. Visit local food processing plant.
5. Observe food handling in college cafeteria.
6. Observe food handling in hospital dietary department.
7. Observe facilities for and storage of food on ward units.

On completion of unit on nutrition, the generalization can be made that:

> Individuals require basic nutrients for life, therefore, the nurse assists the patient to secure these nutrients when he cannot do so for himself.

Group II

## PHYSICAL AND MENTAL ILLNESS

### COURSE OBJECTIVES

1. Recognized an interruption in the ability to meet physical and emotional needs from infancy to senescence.
2. Interprets the significance of the alterations of function.
3. Identifies the nursing needs arising from alterations of function.
4. Plans nursing care for a patient with altered function.
5. Implements a nursing care plan for a patient with altered function.
6. Assesses the effectiveness of the nursing care plan.
7. Demonstrates an awareness of the over-all functions of community resources that provide health services.
8. Assists with continuity of care in cooperation with other members of the nursing team.
9. Assists the patient and family in adapting to the alteration of function and the revisions of self-image.

### UNIT OBJECTIVES

Unit Title: Care of Patients with Problems of Oxygen Deprivation

1. Recognizes the causes and effects.
2. Knows the vocabulary.
3. Knows the trends and incidence.
4. Knows the general similarities and differences in the disease processes.
5. Demonstrates knowledge of therapies used.
6. Determines the patient's needs: physical, mental and social.
7. Identifies the behavior patterns unique to the individual patient.
8. Modifies nursing action based on behavior patterns.
9. Establishes priority of care.
10. Adapts nursing skills in giving nursing care to the individual patient.
11. Includes the patient and family in the plan for nursing care.
12. Describes the operation of equipment used in maintaining oxygenation.
13. Demonstrates skill in operating equipment used.

| UNIT OBJECTIVE | CONTENT | STUDENT LEARNING EXPERIENCE | EVALUATION |
|---|---|---|---|
| Recognizes the cause and effect.<br>Knows general similarities and differences in the disease process.<br>Knows vocabulary. | Causes<br>Circulatory<br>Obstruction<br>Mechanical<br>Chemical<br>Respiratory<br>Structural<br>Inflammation<br>Neurological<br>Diffusion<br>Effects<br>Local and systemic manifestations<br>1. Circulatory<br>Local<br>Dilation<br>Edema<br>Hypoxia<br>Anoxia<br>Necrosis<br>Temp. Change<br>Cyanosis<br>Pain<br>Systemic<br>Increased Pulse<br>Dyspnea<br>Edema<br>Cyanosis<br>Pain<br>Orthopnea<br>Vertigo<br>Fatigue<br>Apprehension<br>2. Respiratory<br>Acidosis<br>Alkalosis<br>$CO_2$ Narcosis<br>Polycythemia<br>3. Neurological<br>Decreased Reflexes | Reviews anatomy and physiology<br>Reads assigned reading<br>Uses resource material<br>a. Patients record<br>b. Interview with doctor<br>Reviews film strips<br>Review of film "Hypoxia"<br>Participates in "pop" quizes, mid-term, finals and other exams.<br>Observes and interviews rehabilitated patient with portable $O_2$ equipment.<br>a. barrel chest<br>b. pursed lips<br>c. color change<br>d. respiratory effort<br>e. orthopneic position<br>f. engorged blood vessels<br>g. shuffling gait<br>h. clubbed fingers<br>i. home adaptation for therapy<br>Participates in pre- and post-clinical conferences.<br>Shares observational experiences.<br>Observes pre-mature infant.<br>Observes child with croupe.<br>Recovery room observation.<br>Casting of arm or casted arm.<br>Pulmonary function studies. | Identifies the cause from available data.<br>Describes observation of effects, both verbally and in writing. |

| CONTENT | STUDENT LEARNING EXPERIENCES | EVALUATION |
|---|---|---|
| Structural and physiological changes and compensatory mechanisms.<br>1. Respiratory - asthma, croup, TB, emphysema, mechanical obstruction.<br>2. Circulatory - obstructions, chemical, congenital, anemia cor pulmonale.<br>3. Neurological - $CO_2$ narcosis, prolonged hypoxia, trauma, C.V.A., neoplasms.<br>Emotional manifestations. | Reads assigned references<br>Participates in nursing rounds of patients of different ages<br>Contributes observed similarities and differences in post-clinical conference<br>Views films - "Respiratory Acidosis"<br>Writes process recording to bring out emotional components and shares in post-clinical conference<br>Prepares nursing care plan<br>Observes and assists with nursing care<br>Cares for selected patients. | Paper-pencil tests<br>Student's contribution in post-clinical conference<br>Preparation for learning experiences<br>Nursing care plans<br>Process recordings<br>Anecdotal notes. |

| UNIT OBJECTIVES | CONTENT | LEARNING EXPERIENCES | EVALUATION |
|---|---|---|---|
| A. Knows the trends and incidences. | A.<br>1. Incidence of $O_2$ problems related to environmental factors<br>2. Long term implications<br>3. Geographical distribution<br>4. Age and sex incidence<br>5. Morbidity and mortality rate | Reads literature from associations: T.B., A.H.A., A.C.S.<br>Writes and shares reports on<br>1. Incidence of $O_2$ problems related to environmental factors.<br>2. Long term implications.<br>3. Geographical distribution.<br>4. Age and sex incidence.<br>5. Morbidity and mortality rate.<br>Views films: "Safer Ways in Nursing"<br>Brings in newspaper clippings.<br>Hears lecture by resource person from public health department. | Paper and pencil test. |
| B. Demonstrates knowledge of diagnostic procedures and uses.<br>Describes the operation of equipment.<br>Demonstrates skill in operating equipment. | B.<br>1. Diagnostic procedures<br>2. Modification of activity - rest, positioning exercises<br>3. Chemotherapy<br>4. Maintenance therapy<br>a. $O_2$ - various methods of administration (e.g. mistogen, I.P.P.B., incubators, resp., tent)<br>b. Tracheotomy<br>c. Breathing exercise<br>d. Postural drainage<br>e. Suctioning<br>f. Hypothermia-hyperthermia<br>5. Emergency care<br>Mouth to mouth<br>External cardiac massage<br>Insertion of airway<br>Drugs<br>6. Nutrition<br>7. Surgery<br>Embolectomy, arteriografts, repairs, removal of neoplasms, pneumonectomy, laryngectomy. | Views films: "Suctioning", "External Cardiac Massage", "Breath of Life"<br>Views demonstration and practices with Resusci-Anne and Suction Doll.<br>Observes: rehabilitative hospital, cardio-pulmonary function lab, physical therapy.<br>Practices: postural drainage, cupping, exercises, positioning, on classmates.<br>Cares for selected patients.<br>Prepares and gives medications.<br>Observes diagnostic, therapeutic, and surgical practices. | |

| UNIT OBJECTIVES | CONTENT | LEARNING EXPERIENCES | EVALUATION |
|---|---|---|---|
|  |  | Observes and participates in modification of diet and feeding patterns.<br>Develops process recordings relating to patient and students feeling toward diagnostic and therapeutic procedures.<br>Reads assigned reading. | Anecdotal recording or observation.<br>"Pop" quizzes.<br>Paper and pencil tests.<br>Observe skill in operating equipment.<br>Self-evaluation. |

Unit Objectives:

#6 Determines patients' needs - physical, mental, and social.
#7 Indentifies the behavior patterns unique to the individual patient.
#8 Modifies nursing action based on behavior patterns.
#9 Establishes priority of care in meeting needs.
#10 Adapts nursing skills in giving care.
#11 Includes the patient and family in plan of care.

| CONTENT | LEARNING EXPERIENCES | EVALUATION |
|---|---|---|
| Observations: | Reviews fundamental needs and care | Tests and quizzes. |
| 1. Symptoms - overt and covert<br>deviations<br>vital signs | Views films:<br>"Mrs. Reynolds Needs a Nurse"<br>"The Special World of Walter Krolik" | Nursing histories.<br>Nursing care plans. |
| 2. Clinical findings | | |
| 3. Behavioral responses | Develops written nursing history on patients' admission to provide picture of patient. | |
| 4. Family relationships and situation (sociological) | Develops and presents nursing care plan. | |
| 5. Limitations | | |

| CONTENT | LEARNING EXPERIENCES | EVALUATION |
|---|---|---|
| Nursing Care:<br>1. Positioning for optimum function and comfort.<br>2. Spacing of patients' activities.<br>3. Conservation of energy output.<br>4. Reduce anxiety--explain procedures.<br>5. Maintenance of patent airway.<br>6. Health Teaching.<br>7. Maintenance of circulation.<br>8. Measures to enhance nutrition<br>- oral hygiene<br>- small, frequent feedings<br>9. Measures to control pain<br>10. Maintenance of fluid and electrolyte balance. | Gives individualized care to a variety of selected patients.<br>Participates in "multiple assignment" in observer role.<br>Plans care to allow for priority of needs.<br>Talks with family members and other members of the health team.<br>Reads journal articles on nursing care.<br>Reads reference texts.<br>Practices in classroom lab. various nursing measures.<br>- positioning<br>- comfort<br>- skin care<br>- suctioning | Anecdotal records<br>Student self-evaluation<br>Paper-pencil test on patients cared for.<br>Instructor observation of nursing care. |
| Special Nursing Procedures<br>1. Elastic bandages and stockings<br>2. Alternating pressure mattress<br>3. Care of tracheostomy | Practice in classroom and clinical laboratory<br>Participates in role playing to illustrate:<br>1. Nurses role in anxiety<br>2. Priorities of needs<br>3. Modification of nursing action based on behavior. | Laboratory test using established criteria<br>Final unit examination |

Group III

## Maternal-Child Health

Purpose: Develop objectives for course and one unit within course.

Philosophical framework for objectives:

1. MCH course centers around normal processes and maintenance of normal health - childbirth and growth and development from birth through adolescence.
2. The course should proceed from the simple to the complex - questions were raised relative to the course being "simple." The reference was to complications.
3. Complications are in two areas:
    a) Those that are of a medical or surgical nature and therefore belong in the course on physical and mental health problems; i.e., diabetes in pregnancy, cardiac.
    b) Those that can occur only because of the pregnancy (placenta previa, prolapse cord) and belong near the end of the course.
4. Very little of nursing of children is in this course. The two areas are:
    a) Growth and development - which may be obtained in the regular college curriculum.
    b) Child health supervision - possibly some of very minor health problems.
5. Family concepts are those of the developing family including the expectant family.
6. Other health problems that could be related to the pregnancy such as cerebral palsy and retardation were considered. The chairman stated these to be appropriate to either MCH or physical and mental health problems and more inclined to think that it did not belong in MCH.
7. Another area of concern was prematurity. Miss Carlson advanced the opinion that this was a specialized area, requiring the use of a high degree of judgment and did not belong in the curriculum of an Associate Degree program.

Other points made by Miss Carlson and Dr. Montag:

1. Emphasis needs to be placed on use of knowledge of normal.
2. There are many basic facts of knowledge that have to precede ability in comprehension.
3. Objectives for a course should be developed first and then course placed in appropriate sequence in the curriculum.
4. Emphasis should be given to making the distinction between Associate Degree and Bachelor Science programs.
5. Reviews of normal anatomy and physiology are not appropriate to the course in either time or content. Cooperation with the science instructor is a useful way to establish basis or normal anatomy and physiology.

6. Content that is peculiar to care of mothers, infants and children only, should be included in course.
7. Giving care is a manual skill and knowledge about care is cognitive.
8. Abnormalities taught are those that relate only to pregnancy and taught from standpoint of prevention.
9. Functions having legal aspects that should be the responsibility of a hospital employee and not student are:
    a) Identification of baby.
    b) Instillation of eye medication.

Course Objectives

1. Understood effect of emotional and physiological changes which occur during the maternity cycle.
2. Understanding the developing role of the family constellation
    or
    Understanding developmental tasks of the expectant family.
3. Develop skill in giving nursing care to mothers and infants during the maternity cycle and to well children.
4. Understand modifications of normal nutrition during the maternity cycle, infancy and childhood.
5. Know available community health resources for - ?
6. Develop ability in identifying nursing responsibilities related to "deviations from normal maternity cycle" - or alterations of physiological functions.
7. Develop an appreciation of cultural and socio-economic factors regarding the maternity cycle and child-rearing process.

Unit Objectives - Labor and Delivery

1. Know mechanisms involved in labor process.
2. Understand the physiological and emotional changes that occur during the birth process and immediate post-partum period.
3. Understand the effects of pharmacological support available to mother during labor and delivery.
4. Develop skill in assessing changes that occur during labor and immediate post-partum period.
5. Understand physiological changes that occur in newborn immediately after birth.
6. Develop skill in assessing changes that occur in normal newborn immediately after birth.
7. Develop ability to recognize, record and report fetal heart tones and contractions.
8. Develop skill in determining frequency, intensity and duration of contractions.
9. Develop skill in determining location, rate and rhythm of fetal heart tones.
10. Develop skill in maintenance of patent airway and baby temperature of the newborn.

## Content Identified by Group for Unit Labor and Delivery

Structure of long pelvis - relationship to birth process.
Relation of soft tissues to birth process.
Size and shape, structure of presenting part.
Powers involved.
Reaction of mother to labor.
Physiological and emotional changes occurring during birth process and immediate post-partum.
Mechanism of labor.
Effect of pharmacological support on mother/infant.
Comfort measures.
Physiological changes which occur in newborn immediately after birth.
Initiation of respiration.
Changes in circulatory.

## Learning Experiences

Essential learning experiences related to objectives of motor skills during labor and immediate post-partum period.

1. Timing-contractions.
2. Auscultation of fetal heart tones.
3. Palpation of uterus for position.
4. Palpation of abdomen for position of uterus following delivery.
5. Observe delivery if possible:
    a) Establishing of respiration
    b) Birth
    c) Delivery of placenta
    d) Cord tie
    e) Collection of blood
    f) Resuscitation of baby
6. Observe film "All My Babies."
7. Observing mother for hemorrhage.
8. Compare 2-3 newly born infants for color and respirations.
9. Compare two infants in relation to Apgar Score -- reflexes and cry and muscle tone.
10. Observe film - "Family-Centered Maternity Care."
11. Observe film - "Support in Labor," (University of Mississippi, Jackson, Mississippi).
12. Listen to recording - "Natural Childbirth" (classroom or college lab).
13. Give direct care to newly delivered mother - new learning: 1) Palpation of fundus, 2) Check lochia, 3) Check breasts, 4) Observe episotomy.
14. Observe staff nurse admitting patient to labor room (possibly).
15. Observation in college lab of doll going through pelvis - use in conjunction with film strip - (may also be part of lecture) - also by use of transparencies from carnation company.
16. Role playing of response of mother to labor.

## Description of a Lab Period

Classroom content to be used:

1. Content related to third and fourth stages of labor.
2. Content related to newly delivered newborn (about first 12 hours).

College lab could be in conjunction with or prior to hospital lab.

Hospital lab - 3 hours, 30 students

Objectives - develop skill in:

1. Palpating fundus for height and tone.
2. Determining significance of the amount of bleeding.
3. Assessing newborn in relation to color, cry, muscle tone and reflexes.
4. Listening to apicol heart rate of normal newborn.
5. Maintaining body temperature.
6. Suctioning a newborn.

Learning

1. Students - review charts for blood loss, compare vital signs, note factors predisposing to hemorrhage.
    a) One student give direct care to patient who had normal blood loss; one student to patient with large amount of blood loss - observe for color, vital signs, firmness of fundus.
    b) Meets objective #2.

2. Students in delivery room
    a) Care for newly delivered newborn observations pertaining to color, cry, muscle tone and reflexes.
    b) Suction newborn.
    c) Take temperature to determine need for further warmth.

3. Students - in newborn nursery
    a) Compare infant 6-12 hours or older with newly delivered infant for color, cry, muscle tone and reflexes.
    b) Suction newborn.

# APPENDIX

## GROUP LIST

### Group I - Fundamentals, Room 1920 a & b

Mary Andrews
Virginia Andersen
Carol Borgman
Hilda Cornelius
Dorothy Putnam
Virginia Grimes
Doris Mary Jenkins
Mary E. Kaczka
Virginia Lease
Barbara Ann Pilato
Virginia A. Smith
Louise G. Moser
Ruth Stock
Thelma Teachenor
Ruth Harboe
Ethel House
Mary Peever
Janet Velasquez
Martha Bostick

### Group II - Physical & Mental, Room 2941

Lucinda Akers
Betty Bowles
Esther T. Dion
Mary D. Duby
Floye Jean Dockery
Marilyn Grafton
Lois Halin
Dessie Hill
Eleanor F. Linnell
Genevieve Potochnik
Susanne Malone
Adeline Marshall
Marie E. Morelli
Sally Mossoni
Mary B. O'Steen
Martha R. Overmyer
Eleanor Poundstone
Alice E. Sharp
Janice Traylor
Marjorie McCracken
Marie T. Potts
Sue Dutton
Olga Weber
Fran Smith

### Group III - Maternal-Child, Room 1921

Genevieve M. Adrian
Emma Lee Boepple
Jean Bulger
Carol M. Duggan
Helen M. Fahs
Mary Fitzgerald
Mary M. Forsythe
Jeannette Gomez
Marie M. Hansen
Patricia Kokena
Lenida Larson
Mary I. Reed
Grace E. Smith
Helen Krey
Julia Robinson
Emily Dickinson

# GROUP LIST

**PLEASE NOTE:** Groups IV and V will meet with Mildred Montag on Thursday, July 27, in Room 2940, at 1:30.

## Group IV - Directors

| | |
|---|---|
| Irene Bainton | 3 |
| Mary E. Flowers | 2 |
| Bonnie Rae Grant | 3 |
| Alma Haglund | 1 |
| Jeanne E. Irving | 2 |
| Lillian Jones | 3 |
| Virginia R. Lawrence | 2 |
| June Lubker | 3 |
| Evelyn Jean Mackie | 1 |
| Marilynn Mettler | 2 |
| Marjorie Price | 1 |
| Maybell P. Ruse | 3 |
| Bessie Vediz | 1 |
| Sister Mary Julita | 1 |
| Sister Mary Robert | 2 |
| Ellene S. Goldsmith | 3 |

## Group V - State Board Officials and Consultants

| | |
|---|---|
| Elizabeth C. Cameron | 1 |
| Madolin Dickinson | 2 |
| Helen Gould | 1 |
| Louise Lynch | 2 |
| Estelle Singleton | 3 |
| Hazelle Thrasher | 1 |
| Fannie Belle Young | 2 |
| Henrietta C. Walsh | 3 |
| Annie Margaret Tucker | 1 |
| Sister Mary Andrew | 2 |
| Camilla Schloemer | 3 |

The following numbers will attend the small group sessions as follows:

## Number 1

Monday, 1:30 - 4:30 P.M. - Maternal-Child
Tuesday, 9:00 - 12:30 P.M. - Fundamentals
Wednesday, 9:00 - 12:30 P.M. - Physical and Mental
Thursday, 9:00 - 4:00 P.M. - Maternal-Child

## Number 2

Monday, 1:30 - 4:30 P.M. - Physical and Mental
Tuesday, 9:00 - 12:30 P.M. - Maternal-Child
Wednesday, 9:00 - 12:30 P.M. - Fundamentals
Thursday, 9:00 - 4:00 P.M. - Physical and Mental

## Number 3

Monday, 1:30 - 4:30 P.M. - Fundamentals
Tuesday, 9:00 - 12:30 P.M. - Physical and Mental
Wednesday, 9:00 - 12:30 P.M. - Maternal-Child
Thursday, 9:00 - 4:00 P.M. - Fundamentals

ASSOCIATE DEGREE NURSING PROGRAM
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## TEACHING-LEARNING PROCESS
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Suggested Reading:

The Teaching - Learning Process

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July 24 - 28, 1967

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Scientific American obtained from: 415 Madison Avenue, New York 17, N. Y.

Science News Letter obtained from: 1719 N. Street, N. W.
Washington, D. C.

ALSO: Most state nursing associations publish periodicals that sometimes have articles related to nursing practice.

## READINGS RELATED TO NURSING CARE OF CHILDREN WITH MAJOR HEALTH PROBLEMS:*

### MAJOR HEALTH PROBLEMS ASSOCIATED WITH CARDIO-VASCULAR DYSFUNCTION.

American Heart Association
44 East 23rd Street
New York 10, New York Cost is minimal.

Congenital Cardiac Defects
Diagnosis of Congenital Cardiac Defects in General Practice
Have Fun, Get Well (Deals with convalescent care of child with rheumatic fever.)
Heart Disease and Pregnancy
If Your Child Has Rheumatic Fever.
If Your Child Has a Congenital Heart Defect (free)
Help for Young Hearts
Community Aspects of Rheumatic Fever

Bergman, Thesi and Freud, Anna. Children in the Hospital. New York: International Press, 1966. 162 pp. $3.00

Discusses child's reaction to hospitalization, discusses the meaning of long illness, pain, discomfort, deprivations. Excellent resource for instructor.

Harper, Paul A. Preventive Pediatrics. New York: Appleton-Century Crofts 1962. Chapter 8

Heart Disease

Includes community services for children with heart disease, rheumatic fever and rheumatic heart diseases, congenital heart disease. Excellent resource for instructor.

Brown, Stanley, Edward G. Pediatric Surgery for Nurses. Philadelphia: W. B. Saunders Company, 1961. Chapter 7, Cardiac Surgery by Dr. Hugh F. Fitzpatrick.

Excellent for instructor. Gives information about surgical intervention and different types of oxygenators used.

Lambert, Edward C., M.D., Tingelstad, Jon B., et al. "Diagnosis and Management of Congenital Heart Disease in the First Week of Life." The Pediatric Clinics of North American (The Newborn II) Vol. 13:4: 943-982, November 1966.

Excellent for instructor.

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Chapter on head injuries excellent resource for instructor.
Chapter on poisonings excellent resource for instructor.

*THE FOLLOWING REFERENCES ARE NOT TO BE CONSIDERED AS A COMPLETE BIBLIOGRAPHY BUT ONLY SUGGESTED PERTINENT READINGS RELATED TO MAJOR HEALTH PROBLEMS IN NURSING OF CHILDREN.

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Excellent resource for students and instructor on Scoliosis, Fractures in children.

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Guides for recognition of signs of abuse or neglect. Excellent resource for instructor. Bibliography included.

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Good resource of information on poisonings in childhood.

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Excellent articles for instructor and student; identifies three groupings of the minds of parents found in care of abuse or neglect, typical reactions and attitudes of protective parents to children's injuries, typical reactions and attitudes of neglecting battering persons.

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Chapter on immunization is excellent.

Henderson, Donald and Karzon, David T. "Current Status of Live Attenuated Virus Vaccines." Advances in Pediatrics. New York: Yearbook Medical Publishers Inc. Volume XIV, 1966.
Excellent resource for instructor on immunization

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Martmer, Edgar, M.D. The Child With A Handicap. Springfield: Chas. C. Thomas, 1959.
Deals with the common handicapping conditions of children. Excellent resource material for instructor.

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Dealing with such varied aspects of the problem as pre-natal and post-natal causes, neurological and chemical components, hereditary and environmental influences, cultural backgrounds and incidence, the authors have written a book which is an authoritative summary of current knowledge on the causes of mental subnormality and offers directions for more needed research.

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Discusses child's need for healthy growth. Also includes problems of the child who is crippled, deaf. Excellent for instructors.

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Excellent resources for instructor on the topic of muscular dystrophy.

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Excellent resources for instructor up to date information on specific care for this major health problem.

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Excellent materials available from:

Muscular Dystrophy Association of America
203 N. Wabash
Chicago, Illinois

The National Society for Crippled Children and Adults
11 So. La Salle Street
Chicago 3, Illinois

"Why Did This Have To Happen?"
An Open Letter to Parents - Cerebral Palsy $0.25

"Your Child's Play"
Interests, materials, facilities and friends $0.25

"Toys--The Tools of Children"
Analyzes in this guide the kinds of toys and how they may be used with normal children as well as in the training and treatment of crippled child. $1.00

"Bright Promise: For Your Child with Cleft Lip and Palate."
Issued primarily for parents. Good pamphlet for nursing students. Discussion centers around the causes of cleft lip and cleft palate, the meaning of cleft lip and palate, repairs to cleft lip and palate,

and the problems parents face concerning the overall plan of care. The material in the pamphlet is greatly enhanced through excellent illustrations. $0.25

Growing Up $0.25
You Are Not Alone
Needs of the child with cerebral palsy.
Connor, Elizabeth H. "Our Susan Bloomed in Plaster." Crippled Child, June, 1953.
Mrs. Conner discusses parents' problems and questions concerning her child's care. The mother presents very well the ingenious ways she met the child's developmental needs.

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Current discussion of problems encountered by child and family. Good for instructors.

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The above two articles are excellent resource for instructor and student. Discusses selection of therapy, nursing needs of children with leukemia.

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## THE FOLLOWING ARE EXCELLENT RESOURCE BOOKS FOR INSTRUCTORS:

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Excellent care materials in pediatrics.

Marlowe, Dorothy. Textbook of Pediatric Nursing. Philadelphia: W. B. Saunders and Company, 1965.

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Excellent resource for instructor. Chapter 8: Diabetes Mellitus in Children.

## OTHER SOURCES OF INFORMATION -- CHILDREN WITH MAJOR HEALTH PROBLEMS:

Association for the Aid of Crippled Children
345 E. 46th St.
New York 17, New York

Children's Bureau
Superintendent of Documents
Washington 25, D. C.

Child Study Association
9 E. 89th Street
New York 28, New York

National Congress of Parents and Teachers
Chicago, Illinois
700 No. Rush Street

National Cystic Fibrosis
Research Foundation
521 Fifth Avenue
New York, New York
(write local chapter)

National Foundation-March of Dimes
800 Second Avenue
New York, New York 10027

Ross Laboratories
Nursing Education
Columbus, Ohio

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